SA

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cohomorillo				State Maryland Coun	y Cal vert	***********************
Catonsville  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 years, 1 month, 4 days			month li days	City or town	mala DIDAI and discount	anna Annan)
Hospital, Institution, o	r street address wher	e death occurre	d:	Street No.	, write RURAL and give nea	rest town)
				(If rural, give		
		ears, I	month, L days	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM					3. (b) Social Security	Number
	John M	itchell	Abbott			
4. Sex	5. Color or race		ie, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
m	W		married	20. DATE OF DEATH May 1	1948	, 7:45 a
6.(b) Name of husband			en Abbott (c) If allve, give age	21. I CERTIFY that death occurred on the date about March 27	e etated; fhat I attended dece	aced from
7. Birth date of		ber 7,		and that I last eaw h i.M alive on May		
deceased (mo., day,	31.7			Immediate cause of death		DURATION
8. AGE: Year	s Months .	Days	If less than one day	Coronary sclerosis		Indef.
61		24	hrs min.		***************************************	
9. Birthplace	(Town	n, county, and	state)	Due to Arteriosclerotic I	leart Disease	Indef.
10. Usual occupation.	barber			Bue to Generalized arteri	osclerosis	Indef.
11. Industry or busine	ss own busi	iness				2000000
質 12. Name Ja	betz Abbo	tt		Dther conditions		
12. Name Ja 13. Birthplace M	aryland				•	- 4
	Alice F	iles		(Include pregnancy within 3 m	onths of death)	
OT	Baltimore,	Md.	*	Major findings of operations	<i>g</i>	
					Bate of op	
	ospital Re			Autupsy results. 110	1 1 1 1 11 1 1 1	a at at a Ma
Address Catonsville 28, Md.			•	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
. Quere	1	Date the	man 3, 1948	22. VIOLENCE: If death was due to external caus		
17 Buru (Buriai, cremation	n, or removal Which	h?)	reof 370 3 194 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	ory Colon	Ans I	M. El. am.	Where did injury occur?(City or town)	(County)	(State)
Location S	olomos	w, 2	nel	Injured af home, farm, Industry, public place (wh	ere?)	
EUGENON	OPA	46,1	- La Year	Menne of Injury	tniured at work?	
18. Funeral director	M. M.		- 0 5 1	Decline		
Address mulual ma			is ma	Isadore Tuer	k, M.D.	
5 5	3 19 48		H. W. Wara	23. SIGHATURE Catonsville 2, Md. M. D. or other		
(Date rec'd by registrar) Registrar			Registrar	Address		5/1/48

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MAY 6 1948

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No. HOME) OF DECEASED: or town limits, write RURAL and give nearest town) (If rural give LOCATION)

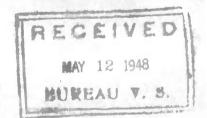
1. PLACE OF DEATH:	2. USUAL RESIDENCE (F
County Ballingel	(For newborn infanta give
City or town Dundalk	State
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city
Hospital, instillution or street address where death occurred:	Street No
Tlagaly Rd T Dhipway,	
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	•
Marilyan Alh	aini
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	
1. 11	) ME
f. W. S.	20. DATE OF DEATH
	21. I CERTIFY that death occurred
6.(b) Name of husband or wile	
8.(c) tf alive, give ageyears	and that I last saw hally
7. Birth date of deceased (mo., day, y) February 8, 1944	
8. AGE: Years Months Days If less than one day	Immediate cause of death
4 3 / hrs. min.	01/10000000
	(D) 71. T.
9. Birthplace Baltimore, Ma.	Justo. Manuac
(Town, county, and state)	(3) Tracture
10. Usual occupation	Oue @
11. Industry or business	stunce a
	Other conditions
12. Name David C. Alkeging 13. Birthplace Phylodelphia, Pa.	Utner conditions
	(Include pregn
# 14. Maiden name	Major findings of operations
14. Maiden name Mary E Statley  15. Birthplace Harrisbary Pa	
Gariel Call	
16, Informant	Autopsy results
Address 12 Leeway, 9 undalk.	
Rusial 1 May 11, 1948	22. VIOLENCE: If death was du
(Burial, cremation, or remoyal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Sacred heart.	Where did injury occur?
Games Wille - I Polte Ca	Internal of home from lad also
Location Jewistay File Lyda Mayers	Injured at home, farm, Industry,
CHAMA X + tolda)	Managintous V

3. (b) Social Security Number DICAL CERTIFICATION the date above stated; that I attended deceased from ancy within 3 months of death) the cause to which death should be charged statistically

important.

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(Date rec'd by registrar)



UNFADING INK. Supply every item of information carefully tant. Physicians: please write the causes of death clearly and

age

(Date rec'd of registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

0464744 Reg. Dist. No.

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Md. Boltimore
City or town. Sparrows Point	State
(If outside city or town limits, write RURAL and give nearest town)	City or town SparRows Point
low long in above place of death? 5/2 y R S ·	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 910 C. STROAT
910 C. Street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Maude	Gnderson
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemala White Widowed	5/3/ 4/8 1/40
sernate write octavos	20. DATE OF DEATH. 19. 19. 19.
and a second sec	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	21.1 DERIFFY that death occurred of the date source states, that I alternate decease in the state of the date source states, that I alternate decease in the state of the date source states, that I alternate decease in the date source states, that I alternate decease in the date source states, that I alternate decease in the date source states, that I alternate decease in the date source states, that I alternate decease in the date source states, that I alternate decease in the date source states, the date of the date of the date source states, the date of the date
S.(c) If alive, give age	years and that I law saw h & alive on Many 3 19 78
7. Birth date of 100 V. 9. 1887	years and that I last saw h and alive on may 3 18 78
deceased (mo., day, yr.)  R ACE. Years   Months   Days   If less than one day	Immediate cause of death DURATION
o. AGE.	Candis-resperatory Carlus 4 day
60 3 24hrs.	.min.
Ohio	De de ta Massites 10 mm
9. Birlhplace	Due to
Housewite Housewite	Compliated by Grondo - 3 sike
10. Usual occupation.	Due to ansumone and
11. Industry or business i	Aucline a arities.
12. Name George J. Bengow  E Ngland	Other conditions as a pulation of the same
Z 13. Birthplace ENGIQNA	une think of their 6 yes.
	(Include prognancy within 3 months of death)
E 14. Maiden name	Major findings of operations.
14. Malden name MORTHA PRICE  15. Birthplace England	Date of op.
Mr. Geo. T. Benbow	
16. informant	Antopsy results.
Address 910 C. ST. Spaceows FT.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Ruuless Production and American	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, crewation, or removal, Which?)  Oate thereof. (month) (day) (yesr)	Section and the section of the section of
	, , , , , , , , , , , , , , , , , , , ,
Cemetery or crematory ONION	Where did injury occur?
- Ctaubanvilla Ohio	Injured at home, farm, industry, public place (where?)
Location C/COD C///////C	
18 Funeral director Wm. J. TICKBER + SON	Means of Injury Injured at work?
	9 .0(/
Address NORTH + 19. CIVES.	awson I Harber
m. 11 116 9 0 1	23. SIGNATURE M. D. OF STOLE
10 Man 4 - 1048 Divern Lo. Mar	021 Maria P 16 416 41

DR. Dawson Jarber. 904 C. ST. Sparrows Point.



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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### CERTIFICATE OF DEATH

Reg. Dist. No. ....

	<u> </u>	
1. PLACE OF DEATH: P. 07-	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	Sul B.O.	
City or town	State County	T 11
	City or town (If outside city or town limits, write RURAL and give near	le 16
How long in above place of death?	398 Q Land Bland Bl	esc cown)
Ivy Jack Kuring Hone	Street No. (If rurs!, give LOCATION)	
	2.(a) If veteran, name war	
How long in hospital or institution?		
3. (a) FULL NAME Many a auld	3. (b) Social Security N	umber
4. Sex   5. Color or race   (3.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1 0
Temale While mained	20. DATE OF DEATH. May 28 19 48	2 15 1
Harry & auld	21. I CERTIFY that death occurred on the date above stated: that I attended deceas	ed from
6.(b) Name of husband or wife	narch 28 19 + 8 10 near	28 19 48
7. Birth date of years	and that I last saw h. e. alive on	19 4-8
deceased (mo., day, yr.) Let 5 1873	Immediate cause of death	DURATION
8. AGE: Years   Months   Days   If less than one day	Broucus Presentin	31.
73 3 23hrsmin.		Td.
Balto mel	Que to arteres secoras Hypertrutai	2200
9. Birthplace(Town_county, und atate)	BUC 10.	
1D. Usual occupation at home	Chronis Interstitual Kephrung	2mo
11. Industry or business	Due to	
	Que en Cectores	7 mo
12. Name Washer Mad	Other conditions alegans Pectores	***************
	(Include pregnancy within 3 months of death)	
14. Maiden name Marquet Hendinks  15. Birthplace  Md	Major findings of operations. Hone	
Is Righniage	major nadings of operations.  Date of on.	
10. Black		
16. Informant Annual An	Autopsy results	tatiotically.
Address 3'98 4 Thompson Blod Roulo/6 Com		
17 Buel Date thereof frame 1/48	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremution, or removul. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Calhederal	Where did injury occur?	
Balto Mel	Injured at home, farm, Industry, public place (where?)	
Location 1,00 0 Z 0 1	Means of injury injured at work?	
1B. Funeral director. Ithich Thread Forms		
Address 12008 Onleans Sy	9. F. a. Stevens m	1.
Has ac Ale Hedre	M. D. o.	- 0
19. 19.	2018 Harland Kel	5-28-48

ADDING INK. Supply every item of information carefully. The expressions: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

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## CERTIFICATE OF DEATH

Reg. Diet. No. 30

How long in above place of deet	sville sity or town limits, wri 17. oddress where deeth occ Nursing Hom	10	State County Dail County Count
3. (a) FULL NAME		MARY MOLLIE BA	XER 3. (b) Social Security Number
11.000	or or race   \$.(a)	lingle, merried, widowed, or diversed widow	MEDICAL CERTIFICATION  May 21, 48 5:30 p
8.(b) Nome of husband or wife.  7. Birth data of deceased (ms., day, yr.)		John Baker  M.(e) Hallw. give ega	21. I CERTIFY that death occurred on the data above stated; that I altended deceased from the and that I leat saw hallow all the analysis and that I leat saw hallow all the analysis and the I leat saw hallow all the analysis and the analysis an
	Months Days 8 10		a. Immediate state of death
10. Usual occupation	None  Va.  ary (unkr  Unknown  Grace M.  Owings Mill	1heres! 5/24/48 (month) (day) (year)	Other aenditions.  (Include pregnancy within 8 months of death)  Major fiediogs of operations.  Bate 84 89.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22: VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.
Cemetery of crematory	Loudon Balto.  J. TICKNER	Park Cem. Md.	Where did injury eccur?
18: May 22	1144	VE, Harry	23. SIGNATURE M. B. SK SENSE 2



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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2	21	10
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## CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: 5-1-30 WI Eller Pare	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Carte Tita N	State Sus & County	
City or town	D / Fi	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 50,30 Wallys and	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
4. Sex 15. Color or race 16.(a) Single, married, widowed, or divorced	215-09-6677	
	MEDICAL CERTIFICATION	
If wo mionell	20, DATE OF BEATH 5 5 19 48 at 9231	
alla Rober	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from	
6.(b) Name of husband or wife	1945 to 5	
7. Birth date of	end that I last saw be alive on 555	
decessed (mo., day, yr.)		
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION OFFICE GLOSSE NEAFFERS	
37 8 28hrsmin.		
113 all and	Due to CHRONIC TONSILITIS	
9. Birthplace (Town, county, and state)	Ope to SENOVIC 1005(0)///2	
10. Usual occupation Stands a ster-	Plemaric PAN CARDITIS ?	
	Due to RIGIMATIC PAN CARDITIS ?	
11. Industry or business		
12. Name Charles College Colle	Other conditions	
\$ 13. Birthplace Wallenore, and	(Include pregnancy within 3 mouths of death)	
14. Maideo name Clid S Thamburges		
6 n 1+'	Major findings of operations	
15. Birthplace	Date of op.	
16. Informant	Autopsy results	
Address 4530 Willen Buc		
17 Barial Date thereof Thay 8-48	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, cremation, or removal Which?)	Accident, suicide, or homicide	
Comatery or crematory.	Where did injury occur? (City or town) (County) (State)	
Location A A	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	Means of Injury Injured at work?	
Address 3427 Camoud Son are	Daniel Lange Time	
2. 1 1 6 6 71 41	23. SIGNATURE SULLA SOLO M. D. Orother	
(Date rec'd by/registrar)  (Bate rec'd by/registrar)	Address 1905W. BASSMOKE Spate signed 376/48	

Doll St.

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1. PLACE OF DEATH:

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

48a

## CERTIFICATE OF DEATH

(14650) Reg. Dist. No. 33

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
City or town	State Marfand County Bulliman	
How long in above place of death? 45 years	City or town	
Nospital, Institution, or street address where death occurred:	Street No. 21 Main St.	
	(If rural, give LOCATION)	
Now long in hospital or institution?	2.(a) If yeteran, name war	
3. (a) FULL NAME Beulak Estella Barne	3. (b) Social Security Number	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Famale White Married		
	20. DATE OF DEATH. May 27 1948 at 10:30 PA	
8.(b) Namo of husband or wife. William L. Barner	21. I CERTIFY that death occurred on the dato abovo stated; that I attended deceased from	
2 (Allahara) 45	March 15 19.48 10 May 27 19.48	
7. Birth dato ot 7. Sirth dato ot 7. Sir	and that I last saw h.e. alivo on 711.62 27 18	
deceased (mo., day, yr.) Aug. 10, 1902	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Constral Metastan 2 days	
45 9 77hrsmin.		
9. Birthplace (Town, county, and state)	Due to Carcinoma Cervit 8 mos.	
10. Usuat occupation Housewife	Due to.	
11. Industry or business	950 10	
12 Name Charles D. Grimm	Other conditions Themanatic Heart Dinance	
\$ 13. Birthplace Mid. Winted States	Other conditions of the condit	
14. Malden name Florence N. Morris  15. Birthplace Mrd. United States	(Include pregnancy within 3 months of death)	
2 15. Birthplace Mid. United States	Major findings of operations.	
18. Informant William L. Barnes	Autopsy results.	
Address Pikewille 8, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
" Burist May 30.48	22. VIOLENCE: If death was due to external eauses, fill in the following;	
(Burial, cremation, or removal, Which?)  Bate thereof (mosth) (day) (year)	Accident, suicide, or homicide	
Cometery or erematory Accessory Score	Where did injury occur?	
Butto lo.		
Location	Injured at home, farm, industry, public placo (whers?)	
18. Funeral director	Means of Injury Injured at work?	
Address Wensterstown Mrd.	7. + 5 CT.	
12 9	23. SIGNATURE Martin E. Strokel	
10 0-36- 10 48 WOLD FFINE.	Reistantes Mid Starles	
(Date ree'd by registrar) Registrar	Address Peisterstown, Md. Dato signed 3/27/48	

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1. PLACE OF DEATH:

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04648

## CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town)	state Mary land county Baltimore	
How long in hospital or institution?  How long in hospital or institution?	City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town)  Street No. Dover Road—Box 67 (If rural, give LOCATION)	
3. (a) FULL NAME	2.(a) If veteran, name war	
Janette May Baublitz	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married	20. DATE OF DEATH. May 6 1948 of 7:30A	
8.(b) Name of husband or wife 9.50 a. Caullity  7. Birth date of deceased (mo., day, yr.)  Roul 7. (880)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.44	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION	
8. Birthplace Busher (Town, county, and state)  10. Usual occupation Americans de la company de la c	2- Palmonery Henorelage 2 da.  Due 10.1- Electric Deplication 15 yrs 3 2- Palmonery The 17 yrs	
11. Industry or business  12. Name abam combs  13. Birthplace Balto. Co Md.	Other conditions Agreetinains E-V. Diness 7 yra	
13. Birthplace Balto. Co. Md.	(Include pregnancy within 3 months of death)	
15. Birthplace Balto 6 md.	Majer findings of operations	
18. Informant 9. 5 aac Baulity Address Box 67 Reintendown md.	Autopsy results	
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Control  C	22. VIOLENCE: tf death was due to external eauses, fill in the following;  Aceident, suicide, or homicide	
18. Funeral director Sandon M. Durofts  Address Sparks, Md.  19. (Dato rec'd by registrar)  19. (Dato rec'd by registrar)	23. SIGNATURE 2 . Lagles . M. D. or other  Address Reisterstown, Md	

MARYLAND STATE DEPARTMENT OF BEACH

CERTIFICATE OF DEATH

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

CLIVIIIICAI	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4 Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	ACTORION OF DELICATION
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Francis with To word and	20. DATE OF DEATH May 3 1548, 21 2 A. 1
Torrace where I to each	2D. DATE OF DEATH.
Vate Coursed Bayers	21. I CERTIFY that dealh occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	July 18.44 , 10 may 3 19.48
7 Pieth data at	and that I last saw hat R alive on april 3 a 1848
deceased (mo., day, yr.) sept 20, 1871	Immediate sause of death OURATION
8. AGE: Years   Months   Days   If less than one day	
	Hyperturia Cardinamila Dans
76 7 /3hrsmin.	Cerebral Kemanha
2 M. n.	7.1.
9. Birthplace(Town, county, and state)	to te Tarrey
(XOWII, COUNTY), and deace,	
10. Usual occupation	Booto Thronks phelitate Int lane
11. Industry or business	efterly
12. Name	Other conditions
El a sur Herrie de ser	
	(Include pregnancy within 3 months of death)
14. Maiden name	
E 14. maioch name	Major findings of operations.
E 15. Birthplace Alermany	Dale of op.
11.1 2' 3-	
16. Informant MU John C Jane	Autopsy results
Address 438 Orosecroft Terrace	PHISICIAN: Please andering the cause to waich death should be charged statisticany.
Address / OU O CO C	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or remoyal, Which?)  [Burial, cremation, or remoyal, Which?)	
(Burial, cremation, or remoyal, Which?) (month) (day) (year)	
Cemetery or crematory Loudon Cark	Where did injury occur?
Cemetery of Crematory	
Jacobian 3801 trederick Kd	Injured at home, farm, Industry, public place (where?)
0/ i+/	Maans of Injury Injured at work?
18. Funeral director & arry & - withte	THE TOTAL PROPERTY OF THE PROP
Address 41016 dmondon die	23. SIGNATURE AN. H. Downland Jag D.
- 100 - 11/1/1	M. D. or other
19 may 5 19 48 a W Hedrick	1166. 01 5/1/16
(Date rec'd by registrar) Registrar	Address 146. Ed - St. Date signed 5/4/48

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'd by registrar)

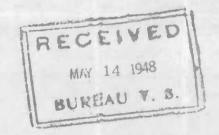
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH (For newborn infants give residence of mother) enna. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) It veteran, name war...... How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 4. Sex 2D. DATE OF DEATH 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: (Town, county, and state) 1D. Usual occupation... 11. industry or business 12. Name ..... 13. Birthpiace (Include pregnancy within 3 months of death) Major findings of operations..... 15. Birthplace 16. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide..... Where did injury occur? .....(City or town) Injured at home, farm, industry, public place (where?) ..... injured at work? Means of Injury 18. Funeral director Address 23. SIGNATURE.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 04659

Reg. Diat. No.....

1. PLACE OF DEATH:  County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County  City or town (If outside city or town limits, write RURAL and give nearest town)  Streef No. 202 (If rural, give LOCATION)  2.(a) If veteran, name war	
3. (a) FULL NAM	lE.	7	. HARRY	BIEMILLER	3. (b) Social Security Number
4. See	5. Color or race	8.(a)Single.	married, widowed, or divorced	MEDICAL	CERTIFICATION
M	W		MARRIED	20, DATE OF DEATH. 5	18 8 14 A
6.(b) Name of hueband  A 5  7. Birth date of deceased (mo., day.	E SAUDI	GARE 6.60	Halive, give age yea	nov. 12	
8. AGE: Year	s Months	Days 2 9	tf less than one day	Disasa	4
1f. Industry or busine	RET.		BIEMILLER	Due to	www. I yaw
14. Maiden name 15. Birthplace			Preisz	(Include pregnancy within	
16. Informant		ARGAR JN O.	1	PHYSICIAN: Please underline the cause to	which death should be charged statistically.
17. BURIA Dafe thereof MAY 7 19 48 (Burial, cremation, or removal, Which?)			(month) (day) (year)	22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	Date of
Location BALTO, MD				(City or town Injured at home, farm, industry, public place Means of injury	
18. Funeral director. W. M.				23. SIGNATURE OLD Paul  Address 3033W Kor	M. D. or other  M. D. or other  Date signed (198

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

Reg. Diat. No. 252

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infapts give residence of mother)				
City or town (If outside city or town limits, write RURAL and give nearest town)	State Myd County Balksur				
How long in above place of death?	Cily or town (If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or street address where death occurred:	Street No. /33/ Herens Carriel (If rural, give LOCATION)				
How long in hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME black of Lee Beischeil	V (Afant) 3. (b) Social Security Number				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
$M \cup U \cup$	20. DATE OF DEATH May 15 1948 21 1 P. M				
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 15 19.48 to May 15 19.48				
7. Birth date of Page 10 USP 10 USP	and that I last saw h.M. alive on May 5, 1948				
deceased (mo., day, yr.)	Immediate cause of death				
8. AGE: Years Months / Days It less than one way	1. CitolocFasio 25 Minus				
9. Birthplace arbeites, Bolts as Myd. (Town, county, and state)	Due to Prematurity				
10. Usual occupation	Due to.				
11. Industry or business					
12. Name Lee a. Bindael  13. Birthplace Bollinos, City	Dither conditions fremature separation of lacente 12 hour				
	(Include pregnancy within 8 months of death)				
14. Maiden name ann tonton	Major findings of operations.				
E 15. Birthplace Bollenge City	Date of op.				
16. Informant fee a Brodseil Fellis	Autopsy results				
Address /33/ Hereus are	22. VIOLENCE: If death was due to external causes, fill in the following:				
17. Released to Bate thereof /7 My un 1948 (month) (day) (year)	Accident, suicide, or homicide				
Cemetery or crematory Boltime City Medical Chamerons	Where did injury occur?				
Location Office for disposition	Injured at home, farm, Industry, public place (where?)				
I had a la ll	Means of Injury Injured at work?				
1 1 1 1	TEAR OP				
Address 1922 W. North women.	23. SIGNATURE M. D. or other				
19. (Date rec'ody registrar)  (Date rec'ody registrar)	Address 400/ William Cuy Date signed 5-16-48				



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County		
City or town	City or town. Baltimore (If outside city or town limits, write RURAL and give ne		
How long in above place of death?11 years, seven months			
Hospital, Institution, or street address where death occurred:	Street No. 200 North Rose Street		
Spring Grove State Hospital	(If rural, give LOCATION)	1	
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME HENRY Charles Bodine Sr.	3. (b) Social Security	Number	
4. Sex 5. Color or race 6.(6) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH	10:50 p	
6.(b) Name of husband or wife Theresa Bodine	21. I CERTIFY that death occurred on the date above stated; that I attended dece October 19		
T. Birth date of T. 17 1876	and that I last saw h im attre on May 19		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Coronary sclerosis		
71 10 2min.			
9. Birthplace Hagerstown, Maryland (Town, county, and state)	Due to Arteriosclerotic heart disease	N	
1D. Usual occupation Enameler	Antonia olemania amandia ad		
11. Industry or business Carpentering	Due to Arterica clerosis, generalized	11	
	Diher conditions	•	
12. Hame William Bodine 13. Birthplace Pennsylvania			
	(Include pregnancy within 3 months of death)		
14. Maiden name Barbara Smith  15. Birthplace Pennsylvania	Major findings of operations		
15. Birthplace Pennsylvania	Date of op		
16. Intermant	Autopsy results		
Address , / Catonsville-28. Maryland /	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
5	22. VIOLENCE: If death was due to external causes, fill in the following:		
The fall, cremation, or removal, Whigh?) (nonth) (day) (year)	Accident, sulcide, or homicide		
Cemetery or crematory Oak Lown	Where did Injury occur?	(State)	
(Ballinger G Mil)	Injured at home, farm, industry, public place (where?)		
Location Location	Msens of Injury Injured at work?		
18. Funeral director	Acelas de regular		
Address 1219 Al Jane ST			
0 1 10 0 01 16 0	23. SIGNATURE Isadore Tuerk, M.D.	or other	
19. Man 24 19 48 a. W. Heliush (Date rec'd by registrar)  Registrar	Catonsville-2, Md.	5-20-48	

FADING INK. Supply every item of information carefully. The w. Physicians: please write the causes of death clearly and legibly,

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PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

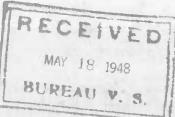
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eg.	Diat.	No.	2	0			-

	Note Diet. 100 and an annual and an annual and an annual and an
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Sallwork	(For pythin infantagive residence of mother)
City or town	is horse County County
	(If outside city or town
How long in above place of death?	(If outside city or town limital write KURAL and give hearest town)
The spirit in a street and the stree	Street No. (14-deal, give LOCATION)
II. 1 I. L II. I I - I - I - I - I - I - I -	
How long in hospital or institution?	
3. (a) FULL NAME David a. Bree	Fluridge 3. (b) Social Security Number
4. Sex 5. Colfrer raco 8.(9) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
TI. W. Alledorned	20. DATE OF DEATH. Way 11 1948 443 G M
0 t 10	2D. DATE OF DEATH
6.(b) Name of husband or wife thun a catelle	21. I CERTIFY that death occurred on the date above stated; that laterialed deceased from
7. Birth date of	18 minutes and 18 min
7. Birth date of 12/14/1861	and that I last saw h 444 allvo on 5 10 1948
goceases (mo., var, ye.)	Immediate causa of death
o. Adz.	Description (San Assert
86 4 1	min. Trengerow 101010000 que
8. Birthplace Teesling, Va.	Duo jp.,
(Town, county, and state)	Hastri hemosthage
10. Usual occupation	Duo to unharmy elwergy
11. industry or business	
# 12. Name / elepander 1. Breeken	de Her conditions Danielle.
12. Name lepaster . Preekom	
	(Include pregnancy within 8 months of death)
E 14. Maiden name	Major findings of operations.
14. Maiden name Jusany Wallace  15. Birthplace	2_ Dato of op.
16 Information Stephen Saul	Autopsy results.
6060	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 209 custam and	22. VIOLENCE: If death was due to external causee, fill in the following:
(Burial demotion of removal, Which')  Bate thereof (month) (day) (year)	Accident, suicido, or homicide
Henry Land Many 8 10	
Cemetery or crematury	Where did Injury occur? (City or town) (County) (State)
Location Location	Injured at home, farm, lodustry, public place (where?)
I Welser	Oz Means of injury injured at work?
18. Funeral director	13 7 1
Address North Ta alles	- 123 SIGNATURE Kunell a Maen_
10 May 13 10 (8 (1. It Redu	el P - Day 'M. D. or other
(Date/rec'd by registrer)	trar lidicace bucherule Bate signed

#### CERTIFICATE OF DEATH

		<u> </u>	Reg. Diet. 140y
1. PLACE OF D	EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:
County Baltimore			(For newborn infants give residence of mother)
City or town	Essex		State Maryland County
/ 1	f outside city or town li	mits, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above pla	ace of death?	idden	
Kospital, Institution,	or street address where	death occurred:	street No. 603 N. Bouldin Street
			(If rural, give LOCATION)
How long in hospital	or institution?		2.(a) If veleran, name war
3. (a) FULL NA	ME		3. (b) Social Security Number
		Herbert W Brenne	
4. Sex	5. Color or race	Herbert W. Brenne 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
			56
Male	White	Married	20, DATE OF DEATH May 16 19 48 at 2 PM
B.(b) Name of husba	nd or wife Clara	a Cosgrove	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of			and that I last saw halive on
deceased (mo., da		30, 1912	Imprediate cause of death
8. AGE: Ye	ars Months	Days If less than one day	
36	1	16min.	Colory Culsum -on
Reltimore Mamuland			Due to.
9. Birthplace Baltimore Maryland (Town, county, and state)			DUE 10
1D. Usual occupation Lithographer			
			Due to
11. Industry or busin			
12. Name	Gustav F. B	,	Dther conditions
13. Birthplace	Baltimore	Maryland	
<b>元</b>	caroline	Tracev	(Include pregnancy within 8 months of death)
14. Malden name Caroline Tracey 15. Birlhplace Baltimore			Major findings of operations.
₹ 15. Birlhplace	Baltimo	re	Date of op.
16 Informant	Clara Breni	ner	Actopsy resolts
		din St. Balto. Md.	PHYSICIAN: Pleasa underline the cause to which death should be charged statistically.
Address	DUS IN BOULD	4	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Buris	on, or removal. Which?	Date thereof 5 20 48 (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremat	ion, or removal, Which?		
Cemetery or crem	oak La	AWAI	Where did injury occur?
Location720	00 Eastern A	lve. Balto. Md.	Injured at home, farm, Industry, public place (where?)
1R Euneval director	Lilly and	Zeiler, Inc.	Means of Injury Injured at work?
		St. Balto. 31, Md.	1/1/2 Davis ms
ma	117.48	Keein m. Keer Ir	25 SIGNATURE MD SECONDER VV.
19. (')ate rec'd by	registrar)	Kegistrar	Address Date signed Date signed
			7,1160

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cornect age is especially important. Physicians: please write the causes of death clearly and legibly. I) MARGIN RESERVED FOR BINDING



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

Sev. Dist. No. 32

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allinuss	(For newboru infante give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County Salts
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address whera death occupied:	Street No. 16 Diehes Avg.
Sauce	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JOHN MICHEL	BULLINGER 212-01-0833
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white warried	20. DATE OF DEATH / May // 19 48 at // = 1
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 1944 10 May 11 1948
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) October 15, 1882	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	
66 C 2-Cmin.	Corprais Vectorion 1/2 hr.
8. Birthplace Baltimore	Due to.
(Town, county, and state)	activolerosis 15 years
10. Usual occupation Watch was	Due to.
11. Industry or business you risas dovert school	that to me Cardin waren 20 mas
	Dither conditions devast.
5	
	(Include pregnancy within 8 months of death)
14. Maiden name Sanah Heliebig  15. Birthplace Baltuis mare land	Major findings of operations
\$ 15. Birthplace Baltimors, mary land	Date of op.
16. Informant I los ence D. Ballinger	Autopsy results.
100000000000000000000000000000000000000	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / 6 thele W. Balto 8. Mary land	22. VIOLENCE: if death was due to external causes, fill in the tollowing:
(Burial, eremation, or removal. Which?)  Date thereof Many (movth) (day) (year)	Accident, suicide, or homicide
Gemetery or cramatory St. Charles	Where did injury occur? (City or town) (County) (State)
P. Againelle S. J.	
Location ( Marie Land )	Injured at home, farm, industry, public place (where?)
1B. Funeral director Salar No.	mone of infail
Address Pilesville, 8. maryland.	Louis I african
5-12-48 A. 88 Michael	23. SIGHATURE M. D. or other
(Date ree'd by registrar)	Address 1413 Reintenstourn Pel Date signed 5/12/48

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HINDRING STATEMENTS

MAY 13 1948
BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04660 Reg. Diat. No ...

1. PLACE OF DEATH: County DALTIMORE City or town TURNERS STATION DUNDAIK	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  State
City or town	State DUNGALITY TURNERS STATION
How long in above place of death?	City or town. DUNGALIT. TURNERS STATION (If outside city or town limits, write RURAL and give nearest town)  Street No. 400 LARK CT.
4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
MARGARET J.	BUTLER 3. (b) Social Security Number
4. Sex  F. Solor or race  6.(a) Single, married, widowed, or divorced  MARKIE	MEDICAL CERTIFICATION  5 29 1948, et 3 29 M
8,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Sirth date of deceased (mo., day, yr.) Nov. 27, 1896	and that I last saw how alive on 5 3 18 DURATION
8. AGE: Years   Months   Days   If less than one day  hrsmin.	fretastatie (Ascinome - 14V
9. Sirihplace BALTIMORE M. d. (Town, county, and state)	Due to.
10. Usual occupation PamE54/C	Due to Star
11. Industry or business	7
12. Hame Fd M A R & 13 Ed ford  13. Birthplace M d	Other conditions
14. Maiden name. MATILAA Cole 15. Birthplace MA	(Include pregnancy within 8 months of death)  Major findings of operations
	Date of op.
18. Informant John M. BUTLER  Address 40c LARK Ct.	Autopsy results
17 ARB UTO 5 BURIAL thereof 6-2-48	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, eremation, or removal. Which?)  Cemetery or crematory. ARBUTUS (month) (day) (year)  Cemetery or crematory. ARBUTUS	Where did injury occur?
Location	Injured et home, farm, Industry, Jubilic place (where?)
16. Funeral director Deeple D. Dorles	Means of Injury   Injured 2t work?
Address 1394 M. Cemul City	23. SIGNATURE / MUNIC of Among
19. (Date roud by registrar)  (Date roud by registrar)	Address 423 / New 11/6 Cars 9 Date stoned 5-29-11

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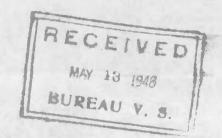
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No.
2. PLACE OF DEATH. County Lalymond	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infarts give residence of mother)
City or town	State County County
How long in above place of death?	City or town (If considerity or town limite, write RURAL and give nearest town)  Street No
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If yeterm, name war
3. (a) FULL NAME James Tur Iman	3. (b) Social Security Number
1. Sex / 5. Celer of race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION & A TO 20. DATE OF DEATH. May 9 19 19 48, at A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I atlended deceased from
7. Birth date of deceased (mo., day, yr.) Sec. 26 1895	and that I hast saw homelive on Many 19.40
8. AGE: Years Months Days If less than one day	15 Leure
Loubs Frederick Co. Md.	Carrier en
9. Birthplace	Due to.
10. Usual occupation.	Due to Meeltone
12. Name. 10 mm N. Oakley  13. Birthpiage Theology Qo - Mad.	Diher conditions 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14. Maiden name. Survey Hood.	(Include pregnancy within Infonths of death)  Major findings of operations.
15. Birthplace Meserick 200.	
16. Informant William Stand Notary	Autopsy results
Address (1) 1448  (Burlal, cremation, or removal. Which?) Date thereof (mony), (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
Cemetery or cremetory Mr. Clary Duklay.	Where did injury occur?
Location MS /	Injured at home, tarm, industry, public place (where?)  Means of injury  Injured at work?
18. Funeral director Salaria Laura Para	means of injury injured at work?
Address + JO Lebelly Height's City	23. SIGNATURE M. D. or other
19. (Dufe rec'd by registrar) 194 Registrar	Address Andallstown Date signed 79/48



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MARYLAND STATE DEPARTMENT OF HEAL	11

2411 N. Charles St., Baltimore

04668 Reg. Dist. No. 30

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# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Baltimor	e			2. USUAL RESID	ENCE (HOME)	OF DECEASED: f mother)	
Clty or town. Catonsville (If outside city or town limits, write RURAL and give nearest town)			State Mary land County				
				City or town Ba	altimore	ts, write RURAL and give ne	
			25 days	(tf o	outside city or town limi	ts, write RURAL and give ne	arest town)
Hospital, Institution, or street Spring Grove	State	Hospit	i:	Street No372	7 Milford A		
			24 days			re LOCATION)	. /
		11.41.9.9	A A Says	2.(a) If veteran, name	war		
3. (a) FULL NAME	ds					3. (b) Social Security	Number
Thomas/Ca							
4. Sex 5. C	olor or race	6.(a)3ingi	e, married, widowed, or divorced		MEDICAL C	ERTIFICATION	
	Thite		dowed	20. DATE OF DEATH	May 13	19. 48	a 8:00 p
6.(b) Name of husband or wife				Februa	ry 19	bove stated; that I attended dec	19. 48
7. Rirth date of			c) If alive, give ageyears	and that I last saw h	im alive on 1	May 13,	19. 48
	August						
8. AGE: Years	Months	Days	If less than one day	Coron	ary thrombo	sis	approx.
87	8	33:	hrsmln.				1 hour
9. Birlhplace Harfor	d Count	y Mar	vkand state)	Due to Right	lung conge	stion	several
10. Usual occupationF.3	rmer			Due to Arter	iosclerotic	cardiovascula	hours
	Farm			disea	se	***************************************	indefinit
		lile		Other conditions	********************************		
13. Birthplace Eng	land				lude pregnancy within 3		
# 14 Maiden name Su	san Pet	ers					
E	eden						
To britishado		3			acabarra	Date of op	
16. Informant	pital r	ecoras		Autopsy results	asabove	which death should be charged	
Address Cat	ons vill	e 28.	Md.				statisticany.
Buria;	1	Data ther	5/17/48 (month) (day) (year)			auses, fill in the following;	
(Burial, cremation, or re						Date of	
Cemetery or crematory	Druid	Ridge	Cem.	Where did Injury occur	(City or town)	(County)	(State)
	Pi	.kesvil	lle, Md.	1		where?)	
Location			D & CONG	Means of Injury		Injured at work?	
18. Funeral director	TO STATE	TICKNE	R & SUNS		Doche	fuel, n. S	-
Address	Balti	more 1	17, Md.	Т.	sadore Tuen		
-/15	(/ 0	- 1	1. 11/0 De 1	23. SIGNATURE	arrat o Ineti	k, M.D.	or other
19. (Date rec'd by registral	19 X	/	D6 Registrar	Address Caton	nsville 28,	Md. Date signed	5/14/48

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04669 Reg. Dist. No......

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
4. Sex (5. Ceior or race 6.(a) Single, married, widowed, or divorced  Hemale Coloret Single  6.(b) Name of bushand or wife  S.(c) If alive, give age	MEDICAL CERTIFICATION  20. BATE DF DEATH
7. Birth date of deceased (ma., day, yr.) Oct. 1, 1928  8. AGE: Years   Months   Days   If less than one day	and that I last saw here alive on May 3 19 18 18 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace	Due 10.
12. Name Correct Call Sirthplace  14. Malden name Dovely 7 These T	Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Cate of op.,
18. Informant 20/ Select Exact Track  17. (Burini, cremation, or removal. Which?)  Date Ihereof. (month) day) (year)	Autopsy results
Cometery or crematory Mt Colony Country  Location A. G. Country  18. Funcial director Miss. Trif. Co. Ellegel & Day  18. Funcial director Miss. Trif.	Where did injury occur?
13. Mily 6 19 48 Registrar Registrar	23. SIGNATURE Sullian S. Shorte, M. D. or other Address 140 QAR One Date signed 53-48

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

Reg. Dist. No. ... 37.

County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County Balto
How long in above place of death?	City or town
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lucie B. Cherbonnier.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale White Widowed.	20. DATE DE DEATH
8.(6) Name of husband or wife Caleb Cherlemier	21. I CERTIFY that death occurred on the date above stated: that I attended doceased from
7. Birth date of	and that I lest saw h. L.f. alive on
deceased (mo., day, yr.)  8. AGE: Years Months Days Viess than one day	Immediate cause of death
alf, 90hrsmin.	Ureanis Coma 2 day/o
9. Dirthplace SX Lucis 110 (Town, county, and state)	Due to nephratio
1D. Usual occupation. Ltursurfe	Due to Scrility
11. Industry or business	
Ē	Other conditions
	(Include pregnancy within 3 months of death)
15. Birtholace Kentuless -	Major findings ol operations
2 +4 / 4	
Address True ormens Quel -	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address  17. Dulldal Baie thereof (mouth) (das) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Standard Consultary	Where did injury occur?
Location Tegger, Walto Co. Mila	injured at home, farm, industry, public place (where?)
18. Funeral director Joseph Burns Source	Means of Injury Injured at work?
Address Town, Mid	23. SIGNATURE Prilmer 6. Euro M.D
19. (Date rec'd by registrar)  19. (Date rec'd by registrar)  Registrar	Address Crehysville Md Date signed 5/10/48



MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Battimore	State Many Carrel County Howard
City or town (If outside city or town limits, write RURAL and give nearest town)	Secret CT
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Edinorison and Extended
Snogliside Convellsont Time	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Louise P Clage	the none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F w married	20. DATE OF DEATH. May 3 1948 at 3 14 M
6.(b) Name of husband or wife Eli Clug & H	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Thugust 24 19 47 to Mary 3 19 48
7. Birth date of	and that I last saw h Col alive on Juney 2 19 48
deceased (mo., day, yr.)	Immediate-cause of death
8. AGE: Years Months Days If less than one day	Robertschoote Curdis-Renal
86 3 / 7hrsmln.	desir
9. Birthplace Mary Laurel (Town, county, and state)	Due to
10. Usual occupation Novie	
11. Industry or business	Due to
12, Mame alvu J Nobles  13. Birthplace W.Va	Dther conditions
	(Include pregnancy within 3 months of death)
H 14. Malden name Usua L Vugnes	Major fiedings of operations
14. Malden name. Assura & Wighes  15. Birthplace  Md.	Date of op.
16 Interment Mrs Releven Treyes.	Aotopsy results
C. T at	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Elliof all my.	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Mariala III (Santa)	Where did Injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location Dalling	
18. Funeral director. The subditions	Means of Injury Injured at work?
Address Elliott City mel.	Jan W. Kortunan hus
1 1/2 1 5 46 216 11 - 00	23. SIGNATURE. M. D. or other
(Date red by registrar)  (Date red by registrar)  (Date red by registrar)	Address Date signed 5/3/18



MAY 6 1948

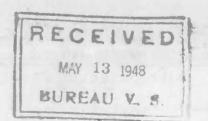
BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ir

MARGIN RESERVED FOR BINDING

	CERTIFICAT	E OF DEATH	Reg. Dist. No.	
PLACE OF DEATH: Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	write RURAL and give nearest town)	State Maryland County Baltimore  City or fown Owings Mills  (If outside city or town limits, write RURAL and give nearest town)		
Magnital Institution or etreat address where death	occurred: Owings Mills Md	Street No. / Dolfield (If rural, give I	Road LOCATION)	
How long in hospital or Institution?	6m0	2.(a) If veteran, name war		
3.(a) FULL NAME Betty Joyce	Clarkson	3. (b) Social Security Number		
	.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
F W	S	20. DATE OF DEATH. Thay.		
6.(b) Name of husband or wite	6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above and that I last saw how alive on The lamedic cause of death	7 1 may 10 1548	
8. AGE: Years   Months   9   9   9   9   9   9   9   9   9	Days If less than one day 16hrsmin.	Collage of Cereb	as and	
10. Usual occupation	nty, and state)	aprilation of	wanty by	
3. Birthplace Indiana	in Clarkson	Other canditions described within 3 m	alus +	
14. Maiden name Eunice E		Major findings of operations.		
S 15. Birthplace Rockhold Ky  16. Interment Ars Eunice Clarkson  Address Owings Mills		Antapay results	ich death should he charged statistically.	
Burial (Burial, cremation, or removal, Which?)	Date thereof. May 13 1948.	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of	
Cemetery or crematory Elliott Location Rockhol		Where did injury occur?(City or town)  Injured at home, farm, industry, public place (wh		
Location Wm Berrym		Means of Injury	Injured at work?	
18. Funeral director		23. STUNATURE . C. 99	artur	
19. Date rec'd by registrar)	Nine Martin	Add and allston	M. D. or other  Date signed 5 / 1/4/5	



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

и		
	1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For export infants give residence of mother)
	County	state alabama county
i	City or town	City or town Birmingham
	How long In above place of death?	(If outside city or town limits) write RURAL and give nearest town)  Street No. 1504-15th arenue, 5.
	Sheppard & Enoch Pratt Hospital	(If rural, give LOCATION)
	How long in hospital or Institution? Hyears 16 days.	2.(a) If veteran, name war
ŀ	3. (a) FULL NAME	3. (b) Social Security Number
l	(Mrs.) Ida Greenwal	
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	Temale White widowed	20, DATE DE DEATH May 28 1948 21 6:50 F.
ı	6.(b) Name of husband or wife Sacob Cohen	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
l	6.(c) II alive, give agevears	May 13 1946 10 May 28 1948
	7. Birth date of deceased (mo., day, yr.) about March 15, 1885(?)	and that I last saw here alive on May 28 1948
ı	8. AGE: Years Months Days Illess than one day	Immediate cause of death
	(?) 63 2 13hrsmin.	Lobar meumonia Idays
	9. Birthplace Russia	
ı	(Town, county, and state)	arterio sclerotic cardio-
	1D. Usual occupation	Due to Vascular disease 6 yrs.
	11. Industry or business	
1	12. Name Leb Greenwald 13. Birthplace Russia	Diagonditions Serve Jeychosis 10 yrs.
l		(Include pregnancy within 3 months of death)
	14. Maiden name unbrown  15. Birthplace Russia	Major fiediogs ol operations.
	15. Birthplace Russia	Date of op.
I	16 Informant Hospital records	Aotopsy resolts. None
	Address Rephard. Bratt Hoop, Towson, Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
		22. VIOLENCE: 11 death was due to external causes, 1111 in the following:
	17	Accident, sulcide, or homicide
	Cemetery or crematory	Whera did injury occur?
	Location	Injured at home, farm, Industry, public place (where?)
	18. Funeral director, but Jeuro Jun	Meens of Injury Injured all work?
	Address 1 (2100 Eulaw () lace	1 A144 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	5/29 48 010 11.1	23. SIGNATURE M. D. or other
	19. (Date rec'd by registrar) Registrar	Address Shepperd Pratt, Towson, Mg. signed 5-28-48

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No.

DURATION

15 years

12 years

12 hrs.

# MIN. G 116 JUL 6 1948 CERTIFICATE OF DEATH

TOWSON, 4.
(If outside city or town limits, write RURAL and give nearest town)

	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
	Siate Maryland County Baltimore
	City or town (If outside city or town limits, write RURAL and give nearest town)
	Street No. 100 Burke Avenue
	(If rural, give LOCATION)
Н	

	-				0.00
ы	2 /	01	KILLE	N/A	DVE BY
	3. (	461	FULL	VANA.	171.60

1. PLACE OF DEATH: County BALTIMORE

How long in above place of death? 28 Years Hospital, Institution, or street address where death occurred:

100 Burke Avenue How long in hospital or institution?.....

3. (b) Social Security Number EFFIE LAVINIA COOPER 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION Female Married White May 3 19 48 at 7105 Pm 20, DATE OF DEATH..... 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Clarence G. Cooper Jan. 1, 1945 19 10 May 3 . 6.(c) If alive, give age ... 64 and that I last saw h . C. ... alive on ... May 3 June 14, 1886 deceased (mo., day, yr.) If less than one day 8. AGE: Respiratory failure 9. Birtholace Parkton, Balto. Co., Maryland (Town, county, and atate) Carcinomatosis Housewife Que to Symptoms & mass sugges 10. Usuai occupation.... Own home 11. Industry or business Other conditions Arthritis ( atrophic 불 12. Name George W. Hare 13. Birthplace Maryland Pernicious Anemia (Include pregnancy within 3 months of death) 불 14. Maiden name Elizabeth Palmer Major fiediogs of operations None 15. Birthplace Maryland 16. Informant Clarence G. Cooper PHYSICIAN: Please underline the cause to which death should he charged statistically. 100 Burke Avenue, Towson, 4, Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Where did injury occur? .....(City or town) injured at home tarm, industry, public place (where?) ..... Means of Injury

DONALD D. COOPER, M.D.

Address 100 Burke Ave., Towson, 4 Date signed May 3,1948

RECEIVED

MAY 8 1948

BUREAU V. S.

correct ag

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

SA

especially

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland  County Baltimore  Franklinville  (If outside city or town limits, write RURAL and give nearest town)  Street No
3. (a) FULL NAME	3. (b) Social Security Number
Mary Elizabeth Cornes  4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Female White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that battended deceased from March 26 19.46 to March 16.19.48 and that I last saw harmalive on March 19.48.  Immediate cause of death Out of the March 19.48.  Out naw occurred that the March 19.48.
8. Birthplace Bradshaw Maryland (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business 12. Name George Dollinger 13. Birthplace Maryland	Oue to. Joseph Myscarditas, 3MOS  Wiff Wincesless Fibrillation  Oue to. Shares Disease 144.  Other conditions  (Include pregnancy within 3 months of death)
14. Maiden name Brabara Bellymer 15. Birthplace Maryland	Major findings of operations
Address Franklinville Md.  17. Burial (Burial, cremation, or removal, Which?)  Oate thereof. May 19 1948 (month) (ddy) (year)	Antopsy results
Cemelery or crematory Jerusalem Christian  Location Joppa Md.	Where did Injury occur?
18. Funeral director. Howard K. McComas & Son Address Abingdon Md.  19. May 19. 18. 48. G. E. Outhur	23/STONATURE of Jord F. Hudson, M.D. or other 19/4
(Date red d by registrar) Registrar	II Address

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MAY 29 1948

BUREAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

-2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

(4635 Reg. Diat. No. 30

490

1. PLACE OF DEATH: Baltung	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn into its give residence of mother)
Cily or town (If outside city or toyn limits, write RURAL and give nearest town)	State County County County
How long lo above place of death? 2. Charles	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No.
How long in hospital or institution?	(If rural_give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Colsie May &	3.(b) Social Security Number 218-14-8499
4. Sex 5. Color or race 6.(a) Single, married, widowed, or afforced	MEDICAL CERTIFICATION
Florale White Marner	20. DATE OF DEATH. 21 9.45 AM
8.(b) Name of husband or wife 6 lands H	21. I DERTIFY that death occurred on the date above stated; that I ettended deceased from
South S.(c) If alive, give age 49 years	19 19 to 19
7. Birth date of deceased (mo., day, yr.)  Quelly 16 1907	and that I last saw had alive on 1971
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
40 9 2.9hrsmin.	Jan Majas raes
8. Birthplace Dely airia	Due to Carrows of Cours 2 473
(Town, county, and state), Rott Sa	
10. Usual occupation.	Due 10
11. Industry or business	
12. Name Manual 12. Same 12. Name 12. Same 12. S	Other conditions
El Mestride Peldamel	(Include pregnancy within 5 months of death)  Major findings of operations.
15. Birthplace Managanasaas Va.	Major findings of operations.  Baie of Oc.
18. Informant Mr. Elmer Corrected	Autopsy results
O. L. DOER	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13/ 2/ 9/1-1 17 10/0	22. V10LENCE: If death was due to external causes, till in the following:
(Burist, cremation, or removal, Which?)  Date thereot (monifor (day) (year)	Accident, suicide, or homicide
Cemetery or competory 1000 d Shelpakel of	Where did injury occur?
Location Soffers Rue Ellientt C	Columned at home, tarm, industry, public place (where?)
18. Funeral director La aston Sons	Means of injury Injured at work?
Address & Secott Oct. M. d.	ky Kut,
March 11 11 11 11 11 11 11 11 11 11 11 11 11	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address (Chartself) Rate stened 5/11/48

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

	1	14	6	7,	1
Reg.	Diat.	No.	X	1	<u>-</u>
		-	-	/	-

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Baltimore  City or town		State	, write RURAL and give nea	rest town)		
3. (a) FULL NAME		ION		3. (b) Social Security Number Unknown		
4, Sex Male	5. Color or race Colored		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	,al.9.225AI
6,(b) Name of husband or wi(e		21. I CERTIFY that death occurred on the date abo March 28, 1947	10 May 29	19.48		
8. AGE: Years		Days	if less than one day	Immediate cause of death	RERCULOSIS	Unknown
9. BirthplaceLittle Rock. S.C. (Town, county, and state)  10. Usual occupation		onday to Tuberculosis	ous, left, sec			
11. Industry or business    12. Name				Uveitis, bilateral, ch	d	Unknown-
13. Birthplace  14. Maiden name				Cataract mature right (Include pregnancy within a major findings of operations		***************************************
16. Informant Clinical Records, Vet. Adm. Hosp.		Autopsy resultsSubstantiated.above PHYSICIAN: Please underline the cause to which death should be charged statistically.				
17. Burial (Burial, cremation, or removal, Which?)  Date thereof fund 3, 1948 (month) (day) (year)		22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of			
Location Little Rock, S.C. Diller County			Dillar Conty	Whers did injury occur?	here?)	
18. Funeral director			ely -	Masas of Injury Paul Pa	Sqe work?	
III US MILLE			1. 1/2 1 - 21	PAUL PADGET, M.D. AddressVAH, Fort Howard,	Md. Date signed	SERVICE 6/1/48

correct age

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### MARYLAND STATE DEPARTMENT OF HEALTH

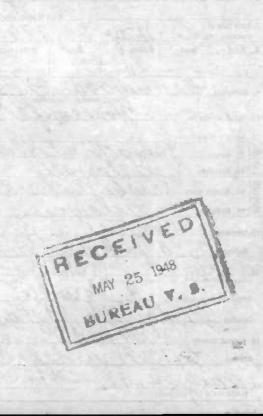
2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Balleman	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Ma Sounty Ballismore
	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
2650 Yorkwaif	Street No. 2650 Yorkway
Now long in hospital or institution?	(If rurat, give LOCAMION)
	2.(a) If veteran, name war
3. (a) FULL NAME Olive E. Cor	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. m.	20. DATE OF DEATH. May 24 1948 21 M
Charten C Cash	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) flame of husband or wife	October 19 42, 10 24 2 19 48
7. Birth date of	
deceased (mo., day, yr.) May 23, 1893	and that I tast saw h 25 alive on 23 20 19 48
8. AGE: Years   Months   Days   titless than one day	Immediate cause of death
55 /min.	Coscuras of breast 10 years.
Magazirand al Mariana	anth metastases to
9. Birihplace (Town, county, and state)	Due to lever, lengs, rts
10. Usual occupation	Ruo fa
11. Industry or business	Que fo
12. Name John H. Willey	Other conditions
12. Name July 13. Birthplace Illaward	,
14. Maiden name Sarah Ochards	(Include pregnancy within 8 months of death):  Major findings of operations Major findings operations Major findings of operations Major findings operations Major findings operations Major findings operations Major find
15. Birthplace Delaware	1000 - 1000
Chanton Canh	Date of op. 27 4948
16. Informant	Autopsy results.
Address 2650 Workway, Lundalk 741	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burios May 26 1940	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burisi cremation, or removal, Which?). Date thereof (Ingath) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Bridgewille & Delaware	Injured at home, farm, industry, public place (where?)
18. Funeral director Roland L. Fielder	Means of Injury injured at work?
Address 2112- It was dalk all.	B 04 A 1200
and the state of the	23. SIGNATURE derivated W. Xallott
19. May 2 4 194 8. Peristrar Registrar	Address & Liberty Parkeray and 24 may 48



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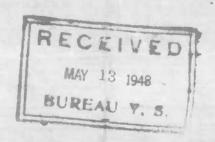
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

(14678 Reg. Dist. No. 30

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	
alice C.	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced    Widowed   1.   1.   1.   1.   1.   1.   1.   1	MEDICAL CERTIFICATION  20. DATE OF DEATH MAY 9  19.48 at 10.604 m
6.(b) Name of husband or wife School Hallve, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Nov. 13, 1863	and that I last saw h LA alive on May 8 19 48
8. AGE: Years Months Days It less than one day  8. AGE: The Months Days It less than one day  8. AGE: Months Days It less than one day  8. AGE: The Months Days It less than one day  8. AGE: The Months Days It less than one day  8. AGE: The Months Days It less than one day  8. AGE: The Months Days It less than one day  8. AGE: The Months Days Days It less than one day  8. AGE: The Months Days Days Days Days Days Days Days Day	Implifiate cause of death Otelusion Buddle
9. Birthplace (Town, county, and state)  10. Usual occupation	Due to Carlin Co sewlew He seas 10 year
11. Industry or business	Due to
12. Name d'ake Conley  13. Birthplace Hest Va.	Ohol di Witer 3 3 year
# 14. Maiden name Mangaset me Wharter	(Iuclude pregnancy within 3 months of death)  Major findings of operations
15. Birthplace Hack Va.	Date of op.
1B. Interman! Harten 1. Davis Address 108 Shadynook are.	Autopsy results
17. (Buriai, cremation, or removal, Which?)  Date thereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory and Cook	Where did injury occur?
Location Ballanda	Injured at home, tarm, industry, public place (where?)
18. Funeral director. Seeing. Q. Thorley	Means of Injury injured all work?
Address Orederick + Shadypools Over.	23. SIGNATURE Eliot W. Dhum
19, 5-12 1945 UE Harry (Date rec'd by registrar) Registrar	Address & 43 2 Inely Of an Dale signed 6/19/48



WRITE PLAINLY,

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

(1467:)

/			CERTIFICAT	TE OF DEATH Reg. Dist. No	10
How long In hospital or In:  3. (a) FULL NAME	ville ide city or town death? Since eet address where e State stitution? sin	limits, write Remarch death occurred Hospita		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	arest town)
	ances DE				
4. Sex 5	. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
F	W	N N	narried	20. DATE DF DEATH May 6th, 1948 19 19	12.05 Pm
6.(6) Name of husband or wife George A. Dean  TOWN  1. Birth date of deceased (mo., day, yr.) 12/7/1885			ean XUXXII	21. I CERTIFY that death occurred on the date above stated; that I attended dece March 17, 1948 19 19 19 10 May 6th and that I last saw her alive on May 6th, 1948	1 1418
8. AGE: Years	Months	- Days	If less than one day	Immediate cause of death.	
62	1.	29	hrsmin.	Right lower lobar pneumonia Coronary sclerosis	
9. Birthplace Maryland (Town, county, and state)  10. Usual occupation housewife				Generalized atherenatosis	indef:
11. Industry or business				Due to	.,
		rka			***************************************
F	2	.L.R.G		Dther conditions	2
13. Birthplace ?  14. Maiden name Carrie Bell				(Include pregnancy within 3 months of death)  Major findings of operations	
16. Informant Hospital records				Antopsy results	
Address Catonsville-28, Maryland  17. Bulish (Burist, cremation, or removal, Which?)  Cemetery or crematory Law Jule Ceme			ect May 8, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Location 200	/ .		D.C.	tnjured at home, farm, Industry, public place (where?)	
1B. Funeral director	N. W.	7 1/	shers Co.	Means of Injury Injured at wgrk?	A. Smi
Address Washington, O.C.				23. SIGNATURE	D
19. (Date registrar) 19.45 (E. Hann) Registrar				Address Catonsville-28, Md. Date signed.	

MAY 8 1948
BUREAU Y. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County 402 avondels Rd Junes Station	Z. USUAL RESIDENCE (HOME) OF DECEASED: (For newbopn infants give residence of mother)
B. R. C. aud	State County
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	City or lown
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or Institution?	2.(a) If veteran, name war
Hayer De Graffonneed	Se Graffoureed) 3. (b) Social Security Number
4. Sex 5. Color or 1826 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M la married	20, DATE OF DEATH May 9, 1948, at 3 P. M
6.(b) Name of husband or wife Carrie De Graffon Reed  6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from nay 9, 19.48 to 2009 9, 19.48
7. Birth date of doceased (mo., day. yr.) //15 - 1888	and that I last saw harm alive on May 9 19.28  Immediate cause of death Cotons by Thrombosco DURATION
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death.
60 3 (4 hrs min.	
Ala.	Due to
9. Birihplace(Town, county, and state)	DUE 10
10. Usual occupation	Due to.
11. Industry or business	DUE 10.
12. Name Somaul De & raffonkeed	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace	Dato of op.
16. Informent annie De Groffonkess	Autopsy results
Address 402 avondale Rd Junes Station	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt Guburm	Where did injury occur? (City or town) (County) (State)
Balt Md	Injured at home, farm, Industry, public place (where?)
Location	Mesns of Injury Injured at work?
18. Funoral director. Itan a factision	•
Address 916 Penna ave	23. SIGNATURE Stellars & Stade, M.D. or other
19 1/1 19 48 Alexander	
19	Tadiress 140 Oak One Date signed 5. 9. 48

### MARYLAND STATE DEPARTMENT OF HEALTH (%)

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: ceunty Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
City or towa. Fort Howard (If outside city or town limits, write RURAL and give nearest town)  How iong la chove piece of deeth? 126 Days  Hospitel, institution, or street eddrece where deeth occurred:  Vets, Adm. Hospital, Ft. Howard, Maryland  How tong ta hospital or institution? 126 Days			
3. (a) FULL NAME  RAYMOND DIX			
4. Ser   S. Color or race   S. (a) Single, married, widowed, or divorced   White   Widower	MEDICAL CERTIFICATION  20. DATE OF OEATH. May 11, 19 148	,1:14 P	
8.(b) Name of bueband or wifeWidower	21. I CERTIFY thef death occurred on the dete above efated; that I attended dec January 9, 19, 18, 10 May 11, end that I last saw h. im. alive on May 11,	19.48	
8. AGE: Yeare Monthe Deys If less than one day 57 10 8	Immediate cause of deathSHOCKANDHEMORRHAGE FOLLOWING AMPUTATION OF LEG.	4 Days	
9. Birthplace Baltimore, Maryland  10. Usual occupation. Watchman  11. Industry or businesse	Diabetic Coma  Diabetes Mellitus and  Dueto Diabetic Gangrene	Unk.	
12. Name George Dix 13. Birthpiece Unknown  14. Maidea name Betty Kelley 15. Birthpiece Virginia	Dither conditions Diabetes Mellitus  Post-operative shock  (Include pregnancy within 3 months of death)  Major findings of operations		
16. latormaat Clinical Records, Vets. Adm. H. spita	Autopsy resultsSubstantiatedabove  PHYSICIAN: Please underline the cause to which death should be charged  22. VIOLENCE: If death was due to external causes, fill in the following;	statistically.	
11	Accident, suicide, or homicide	(State)	
Locetion 4.30.0 BELAIR RD.  18. Fusoral director Dippel Bros.  Addrese 37. S. Ann St. Balto. Md.  5//7  19. St. Feduck  (Date rec'd by registrar)  (Date rec'd by registrar)	trijured at home, farm, industry, public place (where?)  Meens of injury  23. SIGNATURE RICHARD IA ND, M.D.  Address Value Fort Howard, Md.  Date signed	Im. S	

Additional information for cause of death added from a corrected copy of the death certificate sent in by the Registrar at the Veterans Hosp.

5-27-48 - ams

# UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legib

MARGIN RESERVED FOR BINDING

# 9-45-15M

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

U4682 Reg. Diat. No. 30

### CERTIFICATE OF DEATH

1. PLACE OF DEATH	H:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cot a	nore		***************************************	state Md county Baltimore		
City or town	de city or town	limits, write F	RURAL and give nearest town)			
How long in above place of d	leath?			City or town	******	
Hospital, Institution, or stre	eet address where	death occurred	d:	Street No. 26 Jones Ave.		
				(If rurat, give LOCATION)		
	titution?			2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security Number		
THE TAXABLE	Amoss H.			None		
4. Sex 5.	Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
M	C	Wid	ower	20. DATE OF DEATH. May 7 19. 48 21. 12.4	OA	
	TTC	Moses D	AMS 0.17	21 CERUFY that death occurred on the date above stated; that Lattended deceased from		
6.(6) Name of husband or v	vife.Hallia	MaryD	orsey	May 2nd 1848 1 May 74 19	4,8	
7. Birth date of			c) tf alive, give ageyears	and that I last say he madelive on May 7 Lev 19	40	
deceased (mo., day, yr.)	March.	13.186	1	Immediate cause of death. DUBA	EHON	
8. AGE: Years	Months	Days	If less than one day	0		
87	2	22	hrs min.	Cers & al Hemos hage 6d	100	
					·un	
9. Birthplace				Due to find the first of the fi	/.	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	LISAMAGA MAL.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Due to		
11. Industry or business						
불 12. Name		m		Other conditions		
13. Birthplace	11			(Include pregnancy within 3 months of death)		
E	it					
14. Maiden name El 15. Birthplace				Major fiediogs of operations		
∑ 15. Birthplace	11			Date of op.		
16. Informant Louis	s Kelly			Aotopsy results		
	sonville			PHYSICIAN: Please soderline the cause to which death should be charged statistically.		
				22. VIOLENCE: If death was due to external causes, fill in the following;		
17Burial	romounl Whish	Date the	(month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?)  Cemetery or crematory I.ocust Chapel				Where did injury occur?		
LocationAtholto	n, Md.			Injured at home, farm, Industry, public place (where?)		
18. Funerat director. F.	C. Higin	bothom		Means of Injury Injured at work?		
H	Clicott	City.N	fð	Pat On O. m.		
Address				23. SIGNATURE Clift Maloney MD		
. 5-10	10 U.S	- 11	E. Harry	M. D. or other	10	
(Date rec'd by regist	rar)		Registrar	Address Addres	-4	

MAY 11 1948
BUREAU V. S.

VS A15

M

1. PLACE OF DEATH:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

04683 Reg. Diat. No.....

| 2. USUAL RESIDENCE (HOME) OF DECEASED:

County BALTIMORE	(For newborn infants give residence of mother)
	State M.D. County BALTIMORE
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1318 ELM RD.
1318 ELM. RO.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FÜLL NAME	3. (b) Social Security Number
LAURA E. DURNER	J. (b) Social Security Municipal
4. Sex 5. Calar or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WIDOWED	May 6 . X8. 9P
	2D. DATE DF DEATH
6.(b) Name of husband or wife TAMES B. DURNER	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of deceased (mo., day, yr.) MARCH. 28, 1869	and thet I last saw h
8. AGE: Years   Months   Days   tiless than one day	Immediate cause of death
7.0	Afgelled & accorded
77   9  hrsmin.	I Carling vasuly Rescul
9. Birthplece MARYLAND (Yown, county, and state)	Bue to delperous.
, /	
10. Usual occupation. HOUSEWIFE	Due to.
11. Industry or business OwiV Hom E	
H 12. Name JoSEPH D MYERS	Other conditions Concurrent Ingol theart 12000.
I 13. Birthplace MARVLAVD	icht bronst
	(Include pregnancy within 3 months of death)
	Major findings of operations
/	
16. Informant J. LAW RENCE JUDTE	Antopsy results.
Address 1319 Fin AVE	PHYSICIAN: Please underline the cause to which death should be charged statistically.
. Busi- 4 Mare 10.018	22. VIOLENCE: If deeth was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?)  Date thereof. May 1948  Gonth) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Maidourisolge Merninial PK	Where did injury occur?
Location Washingtone Bleef	Injured at home, farm, industry, public place (where?)
11126	Means of Injury Injured at work?
18. Funeral director.	1 01 1 1
Address H147. 4 ramhlator of.	33 SIGNATURE ORLEN Shirches M.D.
11 New 16 48 6 20 A. S.	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar)	Address 2 302 Edwards Mate signed 578/18

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04684 Reg. Diat. No. 42

1. PLACE OF DEATH: County. Baltimore City or town. Relays 27 Mds. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? April 23,1948 Hospital, institution, or street address where death occurred: Relay Sanitarium How long in hospital or institution?  3. (a) FULL NAME Edelmann, Florence #6 Mrs.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Maryland State.  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 3511 Coolidge Ave; Baltimore 29, Md.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE DF DEATH May 4 19. 48 at 12:30Ngp
6.(b) Name of husband or wife deceased Charles H	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
## -75## Feb. 1-2	Circled femorbye /2 days
9. Birthplace Baltimore Md.s. (Town, county, and state)  10. Usual occupation Housewife  11. Industry or business	Due to.
12. Name Benjamin Franklin Enery 13. Birthplace Baltimore, Md.	Other conditions from from 12 days.
14. Malden name. Anne Marie Taylor 15. Birthplace Baltimore, Md.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
18. Informant Louis D. Edelmann	Antopsy results
Address 5008 Edmondson Ave; Balto. 29, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof May 7, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory. Loudon Park Cemetery	Where did injury occur?
Location Baltimore Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director F. B. WIPPERT & SON	Maans of Injury Injured at work?
Address 1300 EUTAW PLACE17	23. SIGNATURE Suns P. Jumbo M. D. or other
19. may (a. 19. 48 a. w. Idestical Register	Relay, 27, Md. Rote elegal 5-4-48

9.45-15M

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correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore  City or town. Whitemarsh, Md.,  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	State Maryland County Baltimore  City or town. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Old. Philadelphia Rd		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Baby Boy Eurice	3. (b) Social Security Number		
male white single	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.48 to Many 29 19.48  and that I last saw Many alive on 19.48		
8. AGE: Years   Months   Days   If less than one day  9hrs30min.	Immediate cause of death Pallert Fordsonar DURATION		
9. Birthplace Baltimore County, Md (Town, county, and state)  10. Usual occupation	Due to		
12. Name William G. Eurice 13. Birthglace Baltimore, Md.	Other conditions		
14. Malden name. Amy A. Skinner 15. Birthplace Pa.	(Include pregnancy within 3 months of death)  Major findings of operations.		
16. InformantMr. William G. Eurice	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Old Philadelphia, Whitemarsh, Md.  17. burial Date thereof 5/30/18 (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or crematory Camp Chapel Methodist  Raspeburg, Md.	Where did injury occur?		
18. Funeral director Lassahn Funeral Home.	Means of Injury Injured at work?		
Address 7401 Belair Rd.	23. SIGHATURE M. D. or other  Address Bull 6 Bota signed 5-29-48		

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JUN 7 1948

BUREAU V. S.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4800

04685

### Reg. Diat. No..

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Dalland	11-1		
City or town	State County County		
How long in above place of death?	(If untside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or atreet address where death occurred:	Streat No. 5 506 Lelmo are		
Job Selma and	(If rurnl, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Elizabeth Seager	Hallon none		
4. Sex 5. Color offace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Hand white Widowed	20. DATE DF DEATH		
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the sate above stated; that I attended deceased from		
	1848, to May 25-1948		
7. Sirth date of	and that I last saw here alive on		
deceased (mo., day, yr.)  8. AGE: Years   Mooths   Bays   'If less than one day	Immediate cause of death		
00 6	Carried Jana		
8 9 6hrsmin.	Contraction		
8. 8irthplace (Town, county, and state)	Due to Comments		
	4,		
10. Usual occupation.	Due to Property 20th		
11. Industry or business	Le same sont		
E 12. Hame	Other conditions 2		
13. Birthplace / Committy Made	CO A Lander		
14. Maiden name Elegis III	(Include pregnancy within schoots of denth)		
15. Birthplace Kates and	Date of op.		
16. Informant Men Land Season	Antopsy results.		
1/1/ 00 - 1/2 27	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 3 9 6 stolyn are applying	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation or removal, Which ) Bate thereof (ponth) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory All on Only	Where did injury occur?		
Location Spanner Will Some	Injured at home, farm, industry, public place (where?)		
18. Funeral director	Means of Injury Injured at work?		
Address 1219 of Canl	MALA D. of		
me 1 27 elle 0 31/ Hel. 1	23. SIGNATURE M. D. or other		
(Date rec'd by registrar)	Address Thriles Mills separt 3/34/10		

PLAINLY, V is especially

WRITE

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

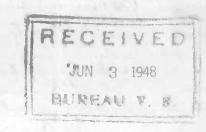
2411 N. Charles St., Baltimore

04686

### CERTIFICATE OF DEATH

eg. Dist. No. 44

1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State mal County Ballimore
(If outside eity or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 206 Def
	(If rural, give LOCATION)
How long in hospital or institution?	3. (b) Social Security Number
BEVEOL T	S. (0) Social Security Number  NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
F W SINGLE	20. DATE DE DEATH 3704 25 1948, 21 5 30 M
6, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec. 6.(c) Halive, give age The Apple We	april 19 48 to May 25 18 48
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediair cause of death
194 4 29hrsmin.	
9. Birthface Battimare County and tate)	Due to Chamtisin 1 mail
10. Usual occupation NONE	Due to Post influenzal meningities 3 months
11, industry or business	
12. Name GUY EI FISHER  13. Birthplace PA	Dither conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. MARY F. MARSHAW  15. Birthplace PA	Major findings of operations.
18. Informant MR GUY E FISHER	Autopsy results.
DOL DET CD OF	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 206 1 31, 91-11,	22. VIOLENCE: It death was due to external causes, till in the following:
17. (Burial, eremation, or removal Which?) Bate thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Soplaw	Where did Injury occur?
Location Ballymore no	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address 1649 C. northave	23 SIGNATURE O'Robert E. Farber M.D.
19. May 25 is 48 Dawson J. Karber (Date ree'd Pregistrar)  Registrar	Address Spaneros Point Med Bate signed 5/25/48



PLEASE '

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH



04.687

Reg. Dist. No...

	0 01	-0				
1. PLACE OF DEA	TH: Ball	.00.		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Merc	y Vil				
City or town	Bell	ona A	Venue URAL and give nearest town)	State Maryland Cou		
			CURAL and give nearest town)	City or town Baltimore (If outside city or town limits		
How long in above place of Hospital, Institution, or s	treet address where	death occurred	l:	Street No. 2811 Guilfor		
wooping, montanent of o		Ве	llona Avenue	Street No. (If rural, give		
How long in hospital or i	ecilulias?			2.(a) If veteran, name war		V
3. (a) FULL NAME	H2111011:			2.(6) It veterall, liame wat		
3. (a) FULL NAME					3. (b) Social Security Nu	ımber
			merine Fitzgera			
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Temale	White	Si	ingle	20. DATE DF DEATH 5-16	1948 , 2	1 P. M
6.(b) Name of husband or	wife		b	21. I CERTIFY that death occurred on the dale abo		
		0/	and the sales and a sale and the	19	48, to 5-16	19-76
7. Birth date of	Tolone		e) If alive, give ageyears	and that I last saw harmalive on	5-16	19248
deceased (mo., day, yr.		- M	1854	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	It less than one day	Althornes She I so the fire	Cardio-	
94	3	12	hrsmln,	Vascar June Vi	S.CAS.E	7.1/63
9. Birthplace	Texas,	Balt	imore Co., Md.	Due to		
1D. Usuat occupation	None	***************************************		***************************************		
				Due to		
11. Industry or business	Fdward	Trite	gerald	••••••••••		
E			25.54.50	Dther conditions	***************************************	•••••
	Irelar			(Include pregnancy within 3 r	months of death)	
14. Malden name	Johann	ia. Buc	kley	Major findings of operations		
14. Malden name	Inelar	nd		Major undings of operations.		
150+	thise C	Shes	)			
-				Antopsy results		
Address 281	1 Guilfo			22. VIOLENCE: If death was due to external cau	sees till in the following:	
17 Ba7+	imore	Date ther	eol 5/20/48 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery <del>or crematory</del>			1'5.	Whera did injury occur?(City or town)	(County) (	State)
Location Texas, Md.				Injured et home, farm, industry, public place (w	here?)	***************************************
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Means of Injury	Injured at work?	
IB. Fulletzi uli eciul				An o	(1) 2-	
Address	805 M.	STALL	of Street	23. SIGNATURE	tma 17.1	/,
5/19	" Vd	A	W. Heduch	2º Al	M. D. or	
(Date fec'd by regi	strar)		Registrar	Address / C. Chere 1	Date signed	5 18 47

WITH UNFADING INK. Supply every item of information carefullimportant. Physicians: please write the causes of death clearly and

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

# CERTIFICATE OF DEATH

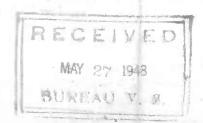
()4688 Reg. Dist. No. **30** 

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
0 0	4 .		RURAL and give nearest town)	state Maryland county Baltimore 29			
Hospital, Institution, or	street address where	e death occurre		Street No. 4146 Wilkins Ave	City or town. Baltimore 29 (If outside city or town limits, write RURAL and give nearest town)  Street No. 4146 Wilkins Ave		
				(If rural, give LOCATION)  2.(a) If veteran, name war			
3. (a) FULL NAM				3. (b) Social Security Number			
4. Sex	James Ri	chard F	loyd	MEDICAL CERTIF	CATION		
M	W		rried	MEDICAL CERTIF			
			loyd	21. I CERTIFY that death occurred on the date above stated;	that I attended deceased from		
7. Birth date of deceased (mo., day, )		.1888	(c) if alive, give ageyea	and that I last saw h	- 7 15 19 48		
8. AGE: Years	Months	Days	if less than one day	Y	I'M Medials		
11. Industry or busines	Machinis	.Floyd	state)		ent		
-41				(Include pregnancy within 3 months of			
16. InformaniMr.S.			ltimore 29. Md				
17Burial	, or removal. Which	Date fhe	(month) (day) (year)		Date of		
	Loudon Raltimore			Where did Injury occur?			
18. Funeral director. F	.C. Higinb licott Ci	othom ty,Md.	(E. Harry	Means of injury  23. SIGNATURE TELEVIE U	injured at work?		
19, (Date rec'd by re	19 <b>48</b>		Registra	Address 723 Med. cae Osto Bery - Bell	Date signed Noy 75-48		

Dr. Beitler

1014 Francis Ave

Arbutus 664



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### MARYLAND STATE DEPARTMENT OF HEALTH

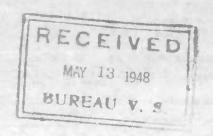
2411 N. Charles St., Baltimore

### 83a CERTIFICATE OF DEATH

0468.1

Reg. Dist. No. 3/

1. PLACE OF DEATH: 2	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dally 2016	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Manual County Dalland
How long in above place of death?	City or lown Add of the Company of the Runah and give pearest town)
Hospital, Institution, or street address where death occurred:	1 1 1 1 1 1
	Street No. State Add Location (Uffure), give LOCATION
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Joseph H	lum Money
4. Sex 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Separated	20. DATE OF DEATH 7724 6, 19 48, 21 9 A. M.
C (1) Name of hydroid or wife ? At Mary of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	may let 10 49 10 May 6 1948
7. Birth date of	and that I last saw harf alive on Mac 5 1948
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cerebral Tremosphage / In
72 , hrsmin.	7
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Broan market	
	Due to
11. Industry or business	
E 12. Name Alme Fifthm	Dther conditions
Z 13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name Cathesine Mulluly  15. Birthplace Sycland	
\$ 15. Birtholace Ing O and	Major findings of operations.
min Ola Felin	Date of op.
18, Informant A A A A A A A A A A A A A A A A A A A	Antopsy results
Address Olimmel Mil, Woodslock	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Whiteh?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
17 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1	
Cemetery or crematory	Where did injury occur?
Location State That OCK	Injured at home, farm, industry, poblic place (where?)
18. Funeral director & aston sons	Means of Injury Injured at work?
Address & Pleanth City M.S.	On 6000
AUDIESS COME COME LINE 1.	23. SIGNATURE TOO E. Marlin
19. 2 Matty (Date rec'd by registrar) Registrar	M. D. or other
(Data rec'd by registrar) Registrar	Address Quelle Male signed 3 144



PLEASE

correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

() 4 33 () Reg. Diat. No.

1. PLACE OF DEATH: Q	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infante give residence of mother)
City or town (If outside off or town limits, write Relital and give neares, town)	State County County
How long in above place of death? 8442 True 15 days	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street to 1038 M. Brentwood are
Rosewood State Training School	Street No. (If rural, give LOCATION)
How long in hospital or Institution? 1840 7 mg 15-de	2.(a) If veleran, name war
3. (a) FULL NAME margaret any France	3. (b) Social Security Number
margaret ann Oran	3
4. Sez 5. Color or rice 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Demale White Single	20. DATE OF DEATH. May 29 19.4.8 21 5:100.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If allve, give ageyes	may 26 1948 to may 29 1948
7. Birth date of	and that I last saw here alive on may 29 19.4
deceased (mo., day, yr.)	Immediate cause of death
U. AGE.	Bronchopneumonea 2 days
24 4 18hrsmi	in.
9. Birtholace Baltimore, Sul.	Due 10 Bronchetis 5 days
(Town, county, and state)	· Consenital organic
10. Usual occupation muste Rosewood State Irac	Jue 10 neurologistal Imbecile Life
11. Industry or business School: Owngo hulls Ind	
	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Margarel a. Relly  15. Birtholace Ballimore, M.	Te made
15. Birtholace Baltimore, Ind.	Major fiediogs of operations.
Intitutional Records' Rosewood	Date of op.
16. Informant	Autopsy results
Address State Iraning School, Owings me	
17 Buris Date Thereof G. // /48	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriul, cremation, or removal, Wylch?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Holy Iceleoner	Where did injury occur? (City or town) (County) (State)
B. C. R. A. A. Galtimore	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director. D. Romand of Cuck	MISSUR OF INTO A
Address 5305 Has Hord Rd.	General medical m. W.
The state of the s	23. SIGNATURE Learge Metary W. D. or other
19. 6/1 19. XO HO Hedrick	a Suilly Jud / 5/29/48
(Date lec'd by registrar) Registr	ar   Address United the signed of A / / To

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)
City or town Raspeburg, Md.  (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Baltimore  Raspeburg, Md.  (If outside city or town limits, write RURAL and give searest town)
How long in above place of dealh?	Street No. 6200 Hamilton Ave.
Now long In hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME Eva Freund	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white single	20, DATE OF DEATH MAY 24 19.48 21.3 A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
8. AGE: Years Months Days If less than one day 2 11hrs.	Hounary Occlusion Sudden
9. Birthplace Baltimore County, Md. (Town, county, and state)  10. Usual occupation at home	Due to arterio Silevotri Cendio 1 yr. Vascular disiare
11. Industry or business	Other conditions
14. Malden name Mary Herrman	(Include pregnancy within 3 months of death)  Major fiudiugs of operations
	Date of op
16. Informant Mrs. Mamie Winter	Autupsy results
Address 6200 Hamilton Ave.  17. burial (Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	
Cemelery or crematory Zion Lutheran Stemmers Run, Md.	Where did injury occur?
18. Funeral director Lassaha Funeral Home	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address 7401 Belair Rd.	Men M Burneaud. e.
19. Truy 24 19 48 Mag. Dufsmels Registrar)	23. SIDNATURE M. D. or other M. D. or other Crar Address 8 5 6 2 Philip Pd Safe signed 5 - 2 4 - 48

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MAY 29 1948 BUREAU V. B.

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# 9-45-15M A15 NS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

04692 Reg. Diat. No.

1/PLACE OF DEATH: Balto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
al and and	State 1010 County 5 Addless
City or town	City or town (If outside pity or town lights, write RURA) and offe nearest town)
Hospital, institution, or street address where death occurred:	Street No St Paulsoad CNE
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME & Ana A levia aa	3. (b) Social Security Number
4. Sex 5. Color of ace 6.4 Sagle, married, widowed, or divoged	MEDICAL CERTIFICATION
It. Opparried	20. DATE OF DEATH May 22 19 48, 21 /1530
6.(b) Name of husband or wife Charles	21. I CENTIFY that death occurred on the date above stated; that Pattended deceased from
7. Birth date of 1997 1997 1997 1997 1997 1997 1997 199	and that I last saw h. Salive on Deep 224 19 7 8
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
56 ahrsmin.	Cenetical Hereunty
9. Birtholace Cockessville md.	Due to
Hown, county, and state)	
10. Usual occupation.	Due to
11. Industry or business 12. Name Latter Parking Pront	Diher conditions
12. Name. J. MOUNT POR CHAPTER 13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name & UZ W Thyroon -	Major findings of operations
16 Internal Charles & Aardner	Date of op.
16. Informant VIII COLD SILVER TO THE COLD SILVER T	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address # 18 / MUNUM 1842	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whigh?)	Accident, suicide, or homicide
Cemetery or cremato of Oots Hell	Whera did injury occur? (City or town) (County) (State)
Location Coele EUSVIlle Balto, Comme	Injured at home, farm, industry, pub <sup>ii</sup> c place (where?)
18. Funeral directo Bay Sont Ba anie Je Je right	Means of injury injured at work?
Address 721 Que Quette St Balty 2- mal	Taxi Co Isloven
medical use sold the sent	23. SIGNATURE M. D. or other
19. Registres	address 2329 Jeee for Date signed Mel T

2411 N. Charles St., Baltimore

04693

1. PLACE OF DEATH: Baltimere  County Grid town (If outside city or town lights, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For sewborn infants give residence of mother) State
How long in above place of death?	City or lown (If outside city or town lighter write RURAL and give nearest to Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veleran, name war
William A. Geiss	
4. Sex W. 5. Color or race 6.(a) Single, married, widowed, or divorced W. Married	MEDICAL CERTIFICATION  20. DATE OF DEATH
6. (b) Name of husband or wife Mary E. Schwartz  6. (c) It alive, give age year.  7. Birth date of F. F. 7. 7. 8. 7. 3.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1947 to MAY - 94
8. AGE: Years Months Days If less than one day  2 12hrs	Immediate cause of death.
9. Birihplace	Due 10
11. industry or business  12. Name John J. Goiss  13. Birthplace Germany	Due to
13. Birthplace  14. Maiden name Cligsbeth Lindenstroet  15. Birthplace  Germany	(Include pregnancy within 3 months of death)  Major fiedings of operations.
2 15. Birthplace Germany 16. Information . Many E. Geiss	Aotopsy results
Address 806 Selma au 12/4	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
Cemetery or cremator arraine FR. Mausoleur	Where did injury occur?
18. Funeral director. The array H. Weitste	Meens of Injury Injured at work?
Address 4/0/6 dmondson aue  19. SII 19 XS P.W Hedrick  (Date rec'd by registrar)  Registrar	23. SIGNATURE CELEBRATION M. D. or other Address. 800 23 3 24 8 4 Date signed 5 7

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 P	N. Ch	arles	St.,	Baltimore	4	30

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	4 U	27	4

# CERTIFICATE OF DEATH

CERTIFICAL	E OF DEATH Reg. Dist. No.
County.  City or town.  (If uutside city ur tuwn limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Fur newborn tufunts give residence uf muther)  State  County  City or town  (11f outside city or tuwn limits, write RURAL and give neurest town)  Streef No.  (12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Ethel Fairbann	45 Gibbs 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Fernale white married	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  19.48, 21.1 - 2. M
6.(b) Name of husband or wife 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21. I CERTIFY that death occurred on he date above stated; that I attended deceased from  19.44.3 10 3 19.44.8 and their I last saw h  alive on  19.44.8 19.44.8
8. AGE: Years Months Days It less than one day  2 4	Immediate cause of death DUBATION 5/1/48
9. Birthplace Scel Tumore Prot. (Town, county, and state)	gennaliza recebral 541.
11. Industry or business	Due fo.
12. Name Miliam J. Rivon  13. Birthplace Galto. Ma.	Difher conditions
14. Maiden name Mary Oudersluys.  15. Birthpiace Balto MA	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant 1. J. Disson Gibbs Address 2 Oak Place Balto 18	Autopsy results
17. Durial (Burial, cremation, ur removal, Which?)  Dale thereof May 5 1948 (munch) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or erematory	Where did injury occur?
Location Colombia Col	Injured al home, farm, Indusfry, public place (where?)
18. Funeral director Heaving and annual services	1
Address / Cilloh - Oschards	23 SIGNATURE Warde B. allow
19. J. Helmeh (Dt. Welmeh) mea Registrar	Address 6 E, Eage 57: Abuto 2 Date signed 5-4-48

Dr. Ward B. allan 6 E Eager St

UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legible

PLEASE

FOR BINDING

MARGIN RESERVED

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICA	TE OF DEATH & Reg. Dist. No.	30
How long in above place Hospital, instilution, or Spring Gr How long in hospital or	Baltin Caton: utside city or town lip of death? 9 ye street address where ove State inslitution? 9 ye	sville mits, write ars, l death occurre Hospi	RURAL and give nearest town)  1. months, 5. days d: tal  1. months, 5. days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County  City or town Baltimore (If outside city or town limits, write RURAL and give Town of the Broadway  (If rural, give LOCATION)  2.(a) If veteran, name war	we nearest town)
3. (a) FULL NAME		homas	Gray	3. (b) Social Secu	rity Number
Male	5. Color or race White	6.(a)Sing	ie, married, widowed, or divorced single	MEDICAL CERTIFICATION  20. DATE DF DEATH	
6.(b) Name of husband or wile				21. I CERTIFY that death occurred on the date above stated; that I attended  June 7 19. 38 to May 1  and that I last saw h. im alive on May 12  Immediate cause all death Right upper lobar pneumonia	2 19.48. 19.48. DURATION
9. Birihplace				Due to Subarachnoid hemorrhage	
13. Birthplace		Mary	a Gray	Dither conditions	
16. Informant Hospital records  Address Catonsville-28. Maryland  17. 3				Autupsy results	***************************************
18. Funeral direct	sets C	m	reglaff; Elfans Registrar	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. SIGNATURE Isadore Tuerk, M.D.	



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH AC

				Kog. Dist. IV	D
1. PLACE OF DEATH County Balti	i: imore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City on Lawre	ount Wi	lson	***************************************	state Maryland County	
(If outsi	de eity or town i	mits, write	RURAL and give nearest town) MOS., 24 days	Baltimore City	
How long in above place of d	leath? O y	rs.,	mos.,24 days	(If outside city or town limits, write RURAL and gi	ve nearest town)
			Mt. Wilson	Street No. 3830 Ferndale Avenue	
	_		rium	(If rural, give LOCATION)	
How long in hospital or inst	titution?Qy	rs.,3	mos ,24 days	2.(a) If veteran, name war World War I	
3. (a) FULL NAME				3. (b) Social Sec	urity Number
	Mr.	Harry	E. Griffith	212-05-	
4. Sex 5.	Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White		Married		
		-		20. DATE OF DEATHMay 23.	
6.(b) Name of husband or w				21. I CERTIFY that death occurred on the date above stated; that f attende	d deceased from
		6.	(c) If alive, give age48years	January 29, 1948 to May	
7. Birth date of deceased (mo., day, yr.)	Novemb	er 23	1899	and that flast saw himalive on May 23.,	
8. AGE: Years	Months	Days	If tess than one day	Pulmonary Tuberculosis	DURATION
48	6	0		Pulmonary Tuberculosis	4 yrs.
			mln.		***************************************
9. Birthplace Elkri	idge M	aryla	nd state)	Due to Tubercle Bacilli	***************************************
1D. Usoal occupation	Sales	Super	visor	***************************************	*************************
11. Industry or business		_		Due to	
12. Name Ride		2 0014	- h		
12. NameRIO	_		and the second s	Other conditions Tuberculous Enteritis.	6 mos.
				(Iuclude pregnancy within 8 months of death)	
14. Malden name 15. Birthplace			and the second s	Major findings of operations No operation	0
≥ 15. Birthplace	lkridge	, Mar	yland		
16. Informant Mr	Harry	E. C	riffith	Autopsy results.	
	•		.Balto., Md.	PHYSICIAN: Please underline the cause to which death should be cha	
				22. VfOLENCE: If death was due to external causes, fill in the following:	
Burial (Burial, cremation, or r	emoval. Which?)	Date ther	month) (day) (year)	Accident, suicide, or homicide	***************************************
			tional Cemeter	The state of the s	
				Where did Injury occur?(City or town) (County)	
Location 2201	rred.A	ve.,	Balto., Md.	Injured at home, farm, industry, public place (where?)	
			eau	Means of injury Injured at work	?
Address 4510 L	iberty	Hgts.	Ave., Balto., Md	23. SIGNATURE Stewart & Sheep	1 dea mis
19. 5/23/ (Date rec'd by registre	19 48	a	elen R. mayer		D. or other
(Date rec'd by registre	ar)		Hegistrar	Address Mt. Wilson, Md. Date st	gned 5/23/48



BUREAU V. S.

ALL SHEET, TRANSPORT IN THE PARTY OF

# CERTIFICATE OF DEATH

V age	• /	ea St., Baltimore 83.	27
ME)	CERTIFICAT	E OF DEATH	Reg. Diat. No.
on carefully. The corclearly and legibly.	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF E (For newborn infants give residence of mot State	Baltituole  Key 5 ville  rite RURAL and give nearest town)  Poa J  CATION)
information of death	3.(a) FULL NAME Amnie Maria Hall		3. (b) Social Security Number
of infuses of	4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced   Fe1770 / Colored   Mattied	MEDICAL CER	
ly every item of i	8.(6) Name of husband or wife Howard Hall  7. Birth date of deceased (mo., day, yr.) WW 19th 1869	21. I CERTIFY that death occurred on the date above:	stated; that I attended deceased from  1 to May 1948  May 1948
ADING INK. Supply Physicians: please wri	8. AGE: Years Months Days If less than one day	Immediais cause of death  Cevabral fle  Due to Hypertensi	cident 11 days
NG IN	10. Usual occupation Housewite and dornestic	Due to Arteriosc	levosis 8 years
WITH UNFADII important. Phys	11. Industry or business    12. Name Lloy d Barnes Robinson   12. Name Lloy d Barnes Robinson   13. Birthplace Harford County Md.   14. Maiden name Tosephine Rebecca Rainbow   15. Birthplace Harford County, Md.	Dither conditions	
LY, Vially	16. Informant Elaine L. M. Johnson  Address Cockeysville, Md.	Autopsy results	death should he charged statistically.
P S	Burnal, cremation, or removal, Which?)  Cemetery or crematory Rest Rules W	Accident, suicide, or homicide	(County) (State)
EASE WRITE	18. Funeral director Befront Manuel Crypt  Address 72 / Disquit St. Ralley In a	tajured at home, farm, Industry, public place (when Means of Injury	Injured at work?
PLE	18. 5) 19 18 FW Paul	Address Cockeys ville,	M. D. or other  M. D. ar other  M. Date signed 4 May 1948

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9-45-15M A15 VS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(14698 Reg. Diat. No. 44

# CERTIFICATE OF DEATH

1. PLACE OF I	DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	Fort Ho If outside city or town I ace of death? 6 or street address where m. Hospital	ward inits, write F Days death occurrent	URAL and gi : nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town Street No. 3124 Woodhoma Avenue (If rural, give LOCATION)		nearest town)
3. (a) FULL NA		ORGE L	. HAMEL		3. (b) Social Securit	y Number
4. Sex Male	5. Color or race White		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	3 a 2:40 P
				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19, 1948 10 May 25, 194		1948
8. AGE: Ye	Months 10	Days	It iess than one dayhrsmin.	Immediate cause of death  MYOCARDIAL FAILURE		1-1/2 Yr
1D. Usual occupation	ohn Hamel	•••••	tate) (Hamiltonia)	Due to Rheumatic Heart Di		
14. Maiden nan 15. Birthplace	Catherine Maryland		<b>X</b>	(Include pregnancy within 3 m		
16. InformantCl	16. Informant Clinical Records, Vets. Adm. Hesp.  Records, Vets. Adm. Hesp.  Address Ft. Howard, Maryland			Autopsy results No Autopsy PHYSICIAN: Please underline the cause to whi	ich death should he charge	d statistically.
Cemetery or crem	Baltimo Howard	re Nat re, Md Blight	ional Cemetery  Funeral Home Baltimore, Md.	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	(County) ere?) Injured at work?	(State)
19. (Date rec'd by	19. may 27. 19. 48. a. W. Hefush (Date rec'd by registral)  Registrar			ROBERT LARNER, 1	la Da	. or other 5-25-48

3:00 Pu

DURATION Yrs. mo.s.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:  County Mt. Wilson, Balto. Co.  City or town. (If outside city or town limits, write RURAL and give nearest town)  How tong in above place of death? 2 yrs., 3 mos., 29 dzys.  Hospital, Institution, or street address where death occurred: Mt. Wilson  Branch, Md. T. B. Sanatorium  How long in hospitat or institution? 2 yrs., 3 mos., 29 days.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3.(a) FULL NAME Mr. Ferdinand Hammett	3. (b) Social Security Number None
Male   Single   Single	MEDICAL CERTIFICATION  20. DATE DE DEATH May 11, 1948
8. AGE: Years Months Days If less than one day  59 11 16	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from  January 12, 1946 to May 11, 19  and that I tast saw h. im alive on May 11, 19  Immediate cause of death DUR/ Pulmonary Tuberculosis 2 Y
9. Birthplace Baltimore Maryland (Town, county, and state)  10. Usual occupation Ambulance Driver  11. Industry or business  12. Name Frances D. Hammett	Due to
13. Birthplace Baltimore, Maryland  14. Maiden name Margaret Aheran  15. Birthplace Baltimore, Maryland  16. Informant Mr. Ferdinand Hammett	(Include pregnancy within 8 months of death)  Major findings of operations
Address 2202 Gough St., Balto., Md.  17	22. VIOLENCE: 11 death was due to external causes, fill in the following:  Accident, suicide, or homicide

EASE WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

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MAKE PROPERTY LAND COMP.

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MAY 17 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

047004

CERTIFICAT	E OF DEATH Reg. Dist. No.
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infasts give residence of mother)  Stale County
0/2/0.4	(If rural, give LOCATION)  2.(a) If veteran, name war.
How long In hospital or Institution?	"
3. (a) FULL NAME  A Sex   5. Color of race   Kla Single, married, with wed, or different	3.(b) Social Security Number 705-05-6111
4. Sex 5. Color or race (a) Single, married, with weed, or different white married with the color of the colo	MEDICAL CERTIFICATION  20. DATE DF DEATH.  MEDICAL CERTIFICATION  19.48 at 11.20 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attinged deceased from  19. 45. to
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  2. 18	Immediate cause of death OURATION 445
9. 8irthplace	Oue to Manual School Sc
10. Usual occupation	Due to De Daniero
12. Name Olo head by Arvison 13. Birthplace 3 alling and	(Include pregnancy within 3 months of death)
15. Birthplace Balturing Un	Major findings of operations
16. Informant May anie To the Curify Address 1121 a. St St Davis 27 h	Autopsy results
17. Burial Date thereot 5/5/48 (monch) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory	Where did Injury occur?
WM. J. TICKNER & SONS	Means of Injury injured at work?
18. Funeral director  Address Balto., Md.	23. SIGNATURE BARBERT Com & G
19. 3 19 Clubbelon h (Date ref'd by registrar)  Registral	Address Signature Signed Signe

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

ect age

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore .

# CERTIFICATE OF DEATH

City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infunts give residence of mother)  State
Hospital, Institution, or street address where death occurred:	Street No. 12 Eags Jame
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Butha In Hayworts	f.
4. Sex 5. Color or race 6.(a) Single, marries, widowed, or divorced	MEDICAL CERTIFICATION
F w married	20. DATE OF DEATH 22 May, 1948 19 21 728 P. M
B.(b) Name of husband or wish MB Hange Joseph	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	June 14 19 47 to 22 May 19 48
T. Birth date of	and that I last saw h &R alive on 20 Mass 1948
deceased (mo., day, yr.) March 16 1875	
8. AGE: Years Months Days If less than one day	Immediate gause of feath Start Cachera ZWKS
7.3hrsmin.	
11.1/20	Due to Caroningma Rectum with
9. Birthplace (Town, county, and state)	liver metastices Uninner
10. Usual occupation a mestic	
1	Due to
11. Industry or business	Actorio Schorolic Candio
12. Name of the factor of the state of the s	Diner conditions
≤ 13. Birtifolace w, Va.	(Include pregnancy within 3 months of death)
# 14 Maiden name In ary & Coleman	0 0
0 22-1	Major findings of operations
\$ 15. Birthplace	Date ot op.
16. Informatile 13 Houseouth	Autopsy results
Address / 2 Ease Louis	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7 10 5/05/48	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
and Hill	Where did Injury occur?
Cemetery or crematory	
Location Fortard Co Mos.	Injured at home, farm, Industry, public place (where?)
18. Funeral director dans & Mar Nable	Means of Injury Injured at work?
Address Catanonillo Mol.	STA. 100 Mamiga M.D.
DIC 11	23. SIGNATURE M. D. or other
19. La Harry Registrar)  (Ditte rec'd by registrar)	Address 752 Fredorick & Date signed 5-23-2

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9. Birthplace 10. Usual Occupation. 11. Industry or business 12. Name.

13. Birthplace

Y. PLACE OF DEATH:

3 (a) FULL NAME

4. Sex

8. AGE:

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TE PLAINLY, WITH especially important.

PLEASE correct (c) Hospital or institution:

3 (b) If veteran, name war

Years

14. Maiden Name ... 15 Birthplace

Months

16 (a) Informant (b) Address (Burial, cremation, or removal)

(c) Cemetery or crematory

18 (a) Funeral director

(e) Means of injury

place?....

(c) Where did injury occur?...

(Specify type of place)

.....While at work?

(County)

death should be

charged statis-

tically.

of autopsy:

(b) Date of occurrence.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.....

(d) Did injury occur about home, on farm, industrial place, in public

(City or town)

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# INSTRUCTIONS FOR MEDICAL CERTIFICATION

### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

# DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

# DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

## DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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2	20	0
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3. (b) Social Security Number 220-12-9897

# 1. PLACE OF DEATH: Baltimore Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 32 Days Hospital, institution, or street address where death occurred: Vets. Adm. Hospital, Ft. Howard, Maryland How long in hospital or Institution? 32 Days

2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED: of mother)
State Maryland	County
City or town Baltimore	mits, write RURAL and give nearest town)
Street No. 1307 W. Fayett	e Street
(If rural, g	give LOCATION)
2.(a) If veteran, name war. WW-I	

3. (a) FULL NAME		MONT **	TOATHTO PE ST		3. (b) Social Security	
4. Sex   5. I	CLIN Color or race		HOFFMAN •		220-12-9897	
71.00%	White	B.(w) sing	Single	MEDICAL CE		
Male	MILLOS		PTIRTA	20. DATE OF DEATH May 15,	1418	17:40 P M
6.(b) Name of husband or wi	sin Sin	gle	(c) It alive, give ageyear	21. I CERTIFY that death occurred on the date above Appril 11.  s and that I last saw him alive on May	8 to May 15,	148
deceased (mo., day, yr.)	12-18-	1897		Immediate cause of death		
8. AGE: Years	Months	Days	it less than one day	Carcinoma of left kid		
50	4	. 27	hrs min			
10. Usual occupation	Painter lin Hofest Virg	fman inia	atnte)	Due to	onths of death)	
18. Informant Clinical Records, Vets. Adm. Hospital				0 2 1 1 1 1 3	above.	
(Burial, cremation, or r Cemetery or crematory Location	Howard 4914 Be	Point Funera aine Blight lair R	yland  reot 5-16-49 Cemetery, (Meyser   Home t, Keyser, W.Va. ) Jr. d., Balto., Md.  awan J. Franks	22. VIOLENCE: It death was due to external cause of control of the	(County)  Injured at work?	(State)

MEDICAL CER	TIFICATION	
20. DATE OF DEATH May 15,	148	at 7:40 P
21. I CERTIFY that death occurred on the date above a April 11, 1918	16 May 15,	148
and that I last saw him alive on May 1	2.3	19.48.
Immediate cause of death		OURATION
Carcinoma of left kid	ney with	3 Mos.
metastases to liver		plus
Due to		***************************************
		M01100010101111111
Due to		***************************************
Other conditions None		•
(Include pregnancy within 3 mon	ths of desth)	
Major findings of operations		
Aolopsy results. Substantiated a PHYSICIAN: Please underline the cause to which	DOVE • death should he charged :	
22. VIOLENCE: It death was due to external causes,	, fill in the following;	
ccident, suicide, or homicide		
Where did injury occur?(City or town)	(County)	(State)
Injured at home, tarm, industry, public place (where	?)	
Means of Injury	Injured at work?	
Rans )	1. Lynn	-

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# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: County Gallimore	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
	State County County
(If outside city of town limits, write RURAL and give nearest town)	City or town Awriges hilles
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Лот	(If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) If veteran, name war
3. (a) FULL NAME me fine Hoffman	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W.	20. DATE OF DEATH 20 hay 1948 21 8 25 P
6.(b) Name of husband or wife Richard Co. Hoffman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	march 19.48 to 20 hay 19.48
7. Birth date of S. (c) If alive, give age year	and that I last saw h. e. z alive on 19 Mor 19.14.8
deceased (mo., day, yr.) 17 July 1893	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	cardialspiratory failure 12 hus
54 4 10 3hrsmir	
B Va. Kan Traval	Due to Received Carengaman of
9. Birthplace	- 4/ T. 4/ -
Bla o. m/e	Both with will millas Pasila 16 W.B.
	Due to
11. Industry or business	
# 12. Name forskliam Henry Fourtlance Lee	Other conditions
13. Birthplace new york	(Include pregnancy within 3 months of death)
14. Maiden name Katharing Mr. McLane	4/5/
	Major findings of operations. Case The Tomach
2 15. Birthplace Maryland	Date of op. Chartel 1.7.1
16. Informant Matherine Hoffman	Autopsy results. Autopsy results.
Address morings mills Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 = 1 = 11	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
XX. Thomas Cenar.	Where did injury occur?
Cemetery or crematory	
Location Types on Totally, 1944	Injured at home, farm, industry, public place (where?)
11. Victories + Ins	Means of injury Injured at work?
18. Funeral director 3. V. A. A. A.	0 .0 9
Address Sollo 1110	23. SIGNATURE Garl H Payse m W
man del 48 a. W. Hedre	M. D. or other
	ar Address & Hesville 8, nd Date signed 20 hayx

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2411 N. Charles St., Baltimore

3526 Clipper Road

Baltimore

# CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: Baltimore Maryland Catonsville information carefully of death clearly and How long in above place of death? 4 years, 9 months, 26 days Hospital institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution years, 9 months, 26 days. 3. (a) FULL NAME Annie Hood B.(a) Single, married, widowed, or divorced 5. Color or race item of Female White Widowed James Edward Hood (deceased .6.(c) If alive, give age ...... 7. Birth date of September 6, 1873 deceased (mo., day, yr.) If less than one day Years 8. AGE: 8 74 Baltimore, Md. (Town, county, and state) 9. Birthplace. Mill worker (retired) 10. Usual occupation. Cotton 11. industry or business Charles Waxter 12. Name .... Germany 13. Birthplace 14 Maiden name (first name unknown) Orem Baltimore, Maryland 15. Birthplace Hospital Records 16. Informant Catonsville, 28. Maryland Address PLAIN is espec WRITE SE PLEA 23 SIGNATURE Isadore Tuerk, M. D.

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(Date rec'd by registrar)

(If rural, give	LOCATION)	
2.(a) If veteran, name war	***************************************	
	3. (b) Social Security N	lumber
MEDICAL CE	ERTIFICATION	
20. DATE OF DEATH. May. 10. 1948	19	27:45 P■
21. I CERTIFY that death occurred on the date abo July 15, 1943		
and that I last saw h. G.T alive on May	10, 1948	19
Immediate cause of death	neumonia	12 hours
Due to Pernicious Ahem	ia	Indefinite
Arteriosclerosi Arteriosclerotic hea Dther conditions Bilateral le	rt disease	17
(Include pregnancy within 3 m	nonths of death)	
Major findings of operations. No.	ne	
Autopsy results	ne	
22. VIOLENCE: If death was due to external cau		
Accident, suicide, or homicide	Date of	
Where did Injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (wh	nere?)	
Maans of injury	Injured at work?	
Druster 7	we, m. o.	

Address Catonsville, 28, Maryland Date signed 5/10/48

(If outside city or town limits, write RURAL and give nearest town)

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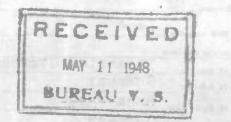
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Baltimere	Z. USUAL RESIDENCE (HOME) OF DECLASED:  (For newborn infants give residence of mother)		
Cotonsville	State Md. County Baltimere		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County		
How long in above place of death?	City or town		
Hashital, Institution, or street address where death occurred:	street No. 5160 New Edmonäson Blvd.		
5160 New Edmondson Blvd.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	William Control to the Control to th		
Christina B. Hernig	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female W. Married	20. DATE OF DEATH. May 8/48.		
6.(b) Name of husband or wife Paul A. Hernig	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from		
	16arch 1948, to May 8 19 48		
7. Birth date of	and that I last saw h. A.Z. alive on 18 y 8 19 48		
deceased (mo., day, yr.) Aug. 22, 1877.	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Carcinoma of ovary, bilateral about		
70 8 16min.	l year		
9. Birthplace (Town, county, and state)	Due fo		
(Town, county, and state)			
10. Usual occupation.	Que to		
11. Industry or business			
Frederick Stegman	Other conditions.		
12. Name			
anna	(Include pregnancy within 8 months of death)		
14. Malden name.  15. Birthplace Germany	Majer findings of operations		
	Date of op.		
Paul A. Hernig	Autopsy results		
Address 5160 New Edmendson Blvd.	PHYSICIAN: Please underline the cause te which death should be charged statistically.		
	22. VIOLENCE: If death was due to exfernal causes, fill in the following;		
Burial Bate thereof. May 11/48.  (Burial, cremation, or removal. Which?)  New Cathedral (month) (day) (year)	Accident, suicide, or homicide		
New Cathedral	Where did injury occur?		
Cemefery or crematory			
Location 4300 Old Frederick Rd	Injured at home, farm, industry, public place (where?)		
18. Funeral director Hours V. Miles C.	Means of Injury Injured at work?		
4101 dad	1.06		
Address TIOI Damond Son Ave.	23. SIGNATURE DID Jave M.D		
19. May 10 1948 VE Harry (Date rec'd by registrar) Registrar	M. D. or other		
(vaca rec u ny regiotrar)	Address Date signed		



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

04700

Reg. Diat. No. 40

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State MARILAW D. County BALTO.  City or town Runal ESSEA  (If outside city or town limits, write RURAL and give nearest town)  Streel No. BIND RUNAL DEACH RD. White MARS  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Names Paul Horses.	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE. W. Infant.	20. DATE OF DEATH 22 May 1978 21 8 Q. M
6.(ò) Name of husband or wite	21. I CERTIFY that death occurred on the date above etated; that I attended deceeed from
6.(c) If alive, give age years	18 MAY 19 48, 10 22 MAY 19 48
7. Birth date of	and that I last eaw h. J. M. alive on 21 M. A. Y. 19. 4.8
deceased (mo., day, yr.) A T R T T T T T T T T T T T T T T T T T	Immediais cause of death DURATION
1 30.1hrsmin.	Respiratory tellura Ihr.
9. Birthplace BALTIMONe Md. (Town, county, and plate)	Due le Droncho gne umeniA. 5 days.
1D. Usual occupation.	Due to. VIRus:
11. Industry or bueiness	
12. Name Eusene Itorsey  13. Birthplace Denton, Md.	Dither conditions
# 14. Malden name AUNAbella SIMMONS.	(Include pregnancy within 3 months of death)
15. Birthplace BALTO. County, Md.	Major findings of operations.
A4	
0 1 0 0	Antopsy results
Address White MARSh P.O.	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Megne of Injury tnjured at work?
18. Funeral director attack Purusa / Ho	media or inhall inhales at note;
Address 7 40,1 Belair Ad.	23. SIGNATURE Mescivelet much
19 /22/4 18 // /Mitronnet	ESSEX Md Discours 5-22-48

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

# CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:  Baltimore		(For newborn infants give residence of	mother)			
over 17 to 18 to 1		State Maryland Con	Baltimore	***************************************		
City or town				City or town Dundalk 22, (if outside city or town limits, write RURAL and give nesrest town)		
How long in above place of death?			d:	Streel No. 214 Patapsco Av	re	
				2.(a) If veteran, name war		
3. (a) FULL NAM	1E				3. (b) Social Security	Number
			JOHN W. HURLEY		705-10-971	14
4. Sex	5. Golor or race	6.(a)Sing	le, married, widowed, or divorced		ERTIFICATION	. 70
Male	White	Ma	rried	20, DATE OF DEATH Ofay 10 =	19 4 8	1 / Y - P. M
6.(b) Name of husban	d or wife Anna	King		21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dece	ased from
0.(0) (14110 01 11400411		6.0	c) If alive, give ageyears	19.		
7. Birth date of deceased (mo., day,	yr.) March 9	187		and that I last saw halive on		
8. AGE: Yea		Days	If less than one day	Immediate cause of death		
74	2	1	hrsmin.	Crown Ocel	urir	5mi
9. 6irthplace Maryland (Town, county, and state)		Due 10. A-S-C-V N 10		*		
(Town, county, and state)  10. Usual occupation Retired			state)	0.1.00.110.110.110.110.110.110.110.110.		
			***************************************	Oue to		***************************************
11. Industry or business Railraod    12. Name Arthur Hurley				Other conditions		- 40110111111111111111111111111111111111
13. 6irthplace Maryland				(include pregnancy within 3		
14. Malden name	Par			Major findings of operations		
				Autopsy results		
1			Dundalk, Md.	PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
				22. VIOLENCE: If death was due to external ca		
17 Burial Date thereof 5 13 48 (month) (day) (year)				Accident, suicide, or homicide		
Cemelery or cremalory Sacred Heart			K	Where did injury occur? (City or town)		(State)
Location German Hill Road			***************************************	Injured at home, farm, Industry, public place (v		
18. Funeral director. Lilly and Zeiler, Inc.		Means of Injury	Injured at work?			
			ilto. 31. Md.	1/1/2xa	vis m	No. 1
00 10 0 00 11 1/ 00		23. SIGNATURE THE EXTENSION OF THE PARTY OF		or other 1. My		
(Date rec'd by 1	A. 1 19 48		Registrar	Address Dudaur-	Date signed.	N/11/4 /

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

932

0471)8 Reg. Diet. No. 38

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME Pachel Jack	3. (b) Social Security Number
4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  Widow  B. (b) Name of husband or wife. B. day facels for the face of deceased (mo., day, yr.)  8. AGE: Years  Months  9. Birthplace.  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant  Address HH Penna, Aw. Jowing.  17. Barrian or removal. Which:  18. Funeral director.  19. Value of the face	MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
19	Address Lucas 4. hed Date signed 3/27/68

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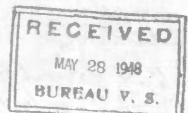
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04709

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	State Make of self County Baltiman anny
Cily or town Towson l. Maryl and (If outside city or fown limits, write RURAL and give nearest town)	NACE TO
How long in above place of death? Almae May 16 1948	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Instilution, or street address where death occurred:	Street No
Eudowood Sanatoriya, Towson 4, Md.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veleran, name war
3. (a) FULL NAME Carroll a facily	3. (b) Social Security Number 213-14-9577
4. Sex / 5. Color or rake 6.(a)Single/married, widowed, or divorced	MEDICAL CERTIFICATION
male white margine	20. DATE OF DEATH MAY 17 19 44 2 A N
6.(b) Name of husband or wife Francis Jacoby	21. I CERTLY that death occurred on the date above stated; that I attended deceased from
1 0000000 2/7	May 10 1945
7. Birth dale of	and that I last saw became alive on May 1945
8. AGE: Years   Months   Days   tf less than one day	Immediate cause uf death
27 8 29 hrs.	nin Prince To The State of the
Mainting 1	- Ingiriusan Manggas runc
9. Birthplace	Due to Lucial Management Manageme
10. Usual occupation Alakaran	1948
	Due to
11. Industry or business	Pulma and Subsacratain dince
12. Hame MIMIO N Jacaby  13. Birthplace Burgurafur	Dther conditions of Manual Arg. Manual 1943
Elie D. While	(Include pregnancy within 3 months of death)
14. Malden name Jodis & Whills  15. Birthplace Unknown	Majur fiudings uf uperations.
16. Informant Personal history-Hospital records	Autupsy results.
Address Eudowood Sanatorium, Towson 4, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof May 20, 19	42.2. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide,
Cemetery or crematory for reston Cemeter	Where did injury occur?
Location Lepoerco Balto Con Md.	tnjured at home, farm, Industry, public place (where?)
Mark Stanton Bin	Means of Injury Injured at work?
18. Funeral director Survey Su	(-CD \ .
Address Flew Fireldom, Va.	23. SIGNATURE AL A DISURIA
19 may 19 1948 Chester & Jell	M. D. en other
(Date reo 1 y registrar) Regist	rar Address Towson 4 Md. Date signed V. 7/190



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13d

04710

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County. Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Cily or town. Turners Station (If outside city or town limits, write RURAL and give nearest town)	State Md. County	
	City or town	
How long in abovo place of death?		
561 New Pittsburg Ave.	Street No. 1201 Argyle Ave.	
How long to hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
ESSIE LURRETTA JOHNSON		
4. Sex 5. Color or race 6.(6) married, widowed, or divorced	MEDICAL CERTIFICATION	
Female Colored Widow	20. DATE OF DEATH. May 26, 1948, at 6 P.	
·	21. I CERIFY that doath occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wife	19.48 10 119.48 10 119.48	
7. Birth date of years	ond that I last saw har alive on may 26, 19.48	
decessed (mo., day, yr.) May 26, 1889	Immediate cause of death Correspond The Correspond DURATION	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of coard	
59 0 0hrsntn.	•	
9. Birthplace Refsterstown Maryland 10. Usual occupation Cook	Due to	
11, Industry or business	N/1 4 2/1 4/1-1	
Hame West Fosster  12. Name Md.	Other conditions Stylesterment Heart alread	
13. Birthplace Md.	(Include pregnancy within 3 months of death)	
14. Maiden name. Jannie Johnson		
14. Maiden name. Jannie Johnson.  15. Birthplace Md.	Major findings of operations.	
	Qate of op	
16. Informant Mr. Thornton Cooper Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged		
Address 561 New Pittsburg Ave.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial Date thereof 5-30-48 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location Reisterstown Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Mrs. Frances A. Hemsley	nigate of tipe 1	
Address 578 W. B. ddle St.	Shills 1 Shall Mile	
2/ 1	23. SIGNATURE M. D. or other	
19. (Date rec'd by pegistrar) 19 A C. W. Registrar	140/166/1	

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

04711

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	
John B. Jones	3. (b) Social Security Number	
4. Sex M 5. Color of race W1 dowed, or divorced W1 dowed	MEDICAL CERTIFICATION  20, DATE OF DEATH.  May 22 1948, 21 11 30 A	
6.(b) Name of husband or wife.  Nettie H.  6.(c) If alive, give ageyears  7. Birth date of deceased (mo., day, yr.)  October 28, 1874	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 19 19 19 19 19 19 19 19 19 19 19 19 1	
8. AGE: Years   Months   Days   It less than one day	Immediate Gruse of death DURATION 10 ay	
9. Birthplace	Due to Cera Crae Crae Crae Co	
11. Industry or business    12. Name	Diher conditions	
1B. Informant Arthur B. Jones, 6 Enjay Ave.,	Autopsy results	
Burial  (Burial, cremation, or removal. Which?)  Cemetery or crematory  Location  Baltimore,  Location  George A. Farley  Address  Catonsville, Md.  19. May 25 1948  (month) (day) (year)  (month) (day) (year)  (month) (day) (year)  (Bay 25 1948  (month) (day) (year)  (May 25 1948  (month) (day) (year)  (Address)  Farley  Address  Catonsville, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	



-54 St. 125/1/

RESERVED FOR BINDING

MARGIN

	AINLY,
M	Id.
9-45-15M	WRITE
VS A15	PLEASE

Evidence	for chang	ge of
birthdate		
Film Gli6	5/20/48	dm

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlen St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State Maryland County Baltimore	
City or town		
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 5302 McCormick Ave.	
3302 (11) COTTURN CT.	(If rural, give LOCATION)	
How long in hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Jacob Jeonge Kan	iler,	
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION	
(male M. Willowel.	20. DATE OF DEATH MOS 10 1948 31 11	
Junio (deal)	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wife		
7. 8irth date of	and that I last saw halive on	
deceased (mo., day, yr.) Jan 70/1895	Immediate Quee of death	
8. AGE: Years Months Days If less than one day	A.,	
73 2 70hrsmin.	leoronory alectory	
9. Birthplace MC	Oue 19.	
9. Birthplace	fact ace 3/7/40/	
10. Usual occupation	Oue to	
11. Industry or business Jacobs		
12. Name 12. Name 13. Birtholace	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Alekterny,	Major findings of operations.	
15. Birtholace	major manings of operations	
mess Horthy Barton Coller.	Aplopsy results	
16. Information	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Ditos 20 Francis and Miles	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Duria Cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Mt. Carmel	Where did Injury occur?	
Baltimore, Md.	Injured at home, farm, Industry, public place (where?)	
Location	Means of Injury Injured at work?	
18. Funeral director assalm Funeral Stone.	(h- 0	
Address 7401 Belair Rd.	1 mlearmother.	
David US Willish	23. SIGNATURE. Medical Monor other	
19	Address Das signed 5. 1999	
	10000,00,10000,	

VS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

550

04713 Reg. Diat. No.

# CERTIFICATE OF DEATH

Y. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Baltimore City or town Overlea, Md. (If outside city or town limits, write RURAL and give nearest town)  Street No. 14 E. Overlea Ave. (If rural, give LOCATION)  2.(a) If veteran, name war.	
County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  2 years  Hospital, institution, or street address where death occurred:		
How long in hospital or institution?		
3. (a) FULL NAME ANDRIES KARSSEBOOM	3. (b) Social Security Number 172-05-3521	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20. DATE OF DEATH. May 2nd, 1948 21.10:33P.m	
6.(6) Name of husband or wife Dina Karsseboom  6.(e) If allve, give age years	21. I CERTIFY that death occurred on the date above stated: that I affended deceased from 18.45	
7. Birth date of	and that I last saw have alive on 19 9	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	
71 7 16hrsmin.	Toyic absorption (day,	
9. Birthplace	Due to. Due to. Aflyrown 142.	
Andries Karsseboom  12. Name Holland	Other conditions	
14. Malden name Margarite A. Oldenburg  15. Birthplace Holland	(Include pregnancy within 3 months of death)  Major findings of uperations	
18. Informant Mrs. A. Karsseboom	Autopsy results	
Address 14 E. Overlea Ave.  17. burial Date thereof 5/6/48  (Burial, cremation, or removal, Which?) (month) (day) (year)  Parkwood  Baltimore, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
18. Funeral director Lassah Fune Vone  Address 7401 Belair Rd.	Msans of Injury Injured at work?  23 SIGHATURE M. D. or other	
19. (Wate ref'd by registrar)  Registrar	Address / W. Della Common Oate signed 5/3/48	

# ADING INK. Supply every item of information carefully. In Physicians: please write the causes of death clearly and legib

PLAINLY, WITH UNF. is especially important.

PLEASE WRITE

VS AJS

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a CERTIFICATE OF DEATH

Reg. Diat. No. .... 50

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Siate County County County (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veleran, name war.  3. (b) Social Security Number	
Temale White Widow	MEDICAL CERTIFICATION  20. DAYE DF DEATH 25 May 148	
6.(b) Name of husband or wife William Natacularge  5.(c) If alive, give age years  7. Birih date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended decear 1946, 10, 25 Many and that I last saw here alive on 24 Many Immediais cause of death.	19.46
9. Birthplace (Town, coonty, and state)	Due to Coronary Sclerosis	Several yr
10. Usual occupation	Due 10	
14. Malden name mary E. Shockley 15. Birthplace Sova	(Include pregnancy within 3 months of death)  Major findings of aperations	
16. Informan Pr. James W. Katzenlege  Address O Garalise and, Cataraville  17. Burial (Burial, cremation, experioval, Which?)  (Burial, cremation, experioval, Which?)	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged at 22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of	
Cemeiery or crematory New Coathesteel  Location Baltimane Incl  19. Funeral director Seo. & Beyon Jr	Where did Injury occur?	(State)
19. Funeral director  Address/5/2 / HellsinsSt  19. 5 27  (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. O. M. D. O. Address 4 Bubling R Zy . D. Carron Date signed.	r other 2 5 May 48

RECEIVED

MAY 29 1948

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04715

### CEDTIFICATE OF DEATH

	ICAIL OF DEATH Reg. Dist. No. 38	**********
1. PLACE OF DEATH: Baltime	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	The of	
Cily or town	(2) The	
How long in above place of death?	City or town	wn)
Hospital, Institution, or street address where death occurred:	Street No. 805 Willington Road	
	(If rural, give LOCATION)	************
How long in hospital or institution?	2.(a) If veteran, name war. Stoneleigh	
3.(a) FULL NAME	3. (b) Social Security Number	er .
Centhus	D. Keller	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Mux havied	20. DATE OF DEATH. May 6 19 48 21 9	55
Time pour reamer		
6.(6) Name of husband or wife the the things	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	Lleenber 4 1047 to May 5	197
7. Birth date of	and that I last saw h	19
deceased (mo., day, yr.) Sept 15 1876	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day		44
5/hrs.	min. (malignant)	
locute Colin	B . V	200 1
9. Birthplace (Town, county, and state)	Due to	Karawa
10. Usual occupation Business man.	Celebrum, guornal	
$m$ $1 \cdot 1 + 1$	Due to	
11. Industry or business Machanee & Looks		
12. Name Thomas & Keller  13. Birthplace Darton Chro	Other conditions	
13. Birthplace Dayton Olivo	(Include pregnancy within 3 months of death)	
14. Maiden name Francis Resseley	(Include pregnancy within 3 months of death)	
14. Malden name Francis Ressley  15. Birtholace Dayton Clivo	Major fiudings of operatious	
≥ 15. Birthplace Duyton Chino	Date of op	
16. Informant Thomas & Keller	Autopsy results	
be it to	PHYSICIAN: Please underline the cause to which death should be charged statistic	atly.
Address Dayton Oko	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (yes	48	,
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)		
Cemetery or crematory 2000 1000	Where did injury occur?	e)
Location Sikesville	Injured at home, farm, Industry, public place (where?)	
18. Funeral director John a Mosan	Means of Injury tnjured at work?	
asmo l'atti	32	
Address Over to pull mose y	23. SIGNATURE Harry 7. Demestellus.	
" man ? " 48 a. w Hele	M. D. Grother	
(Date rec'd by Jegistrar)	Registrar Address 1101 St. Paul St. Date signed has	2.6.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibles. FOR BINDING MARGIN RESE

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

04716

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## CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Bastings	(For newborn infants give residence of mother)
	State County Ballums
(If outside city or town limits, write RURAL and give nearest town)	AXOUNIA WAZI
low long in above place of death?	City or town(If outside city or town limits, write RURAL and give nearest town)
iospital, institution, or street address where death occurred:	I De el Pira Illad.
	Street No. (If rural, give LOCATION)
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
B loka long	216-01-1958
4 Sex   5. Color of race   (a) Single, married, wildowed, or divorced	
4. Sex 5. Color of race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Marreil	20. DATE OF DEATH. May 4 19 48, at 3:03/
6.(6) Name of husband se willo Inarie a Kelley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband as will I was the first	May 4 19 4 9 10 May 4 19 4
7. Birth date of	and that I last saw h alive on may 1 19 %
7. Birth date of deceased (mo., day, yr.) OH 3/ 1894	
	Immediate cause uf death DURATION
o. Adi.	bosis
53 hrsmin	<u>n</u>
9. Birthplace. Ja	Due to
(Town, county, and state)	
10. Usual occupation Chatronal Guaresy	Due to
11. Industry or business	
12. Name Jolin 8. Kelley  13. Birthplace Pa	- Diher conditions
13. Birthplace	(Include pregnancy within 3 months of death)
# Slange Beau	(Include pregnancy within 8 months of death)
14. Malden name Clayers Brown  15. Birthplace	Major findings of operations.
15. Birthplace US	Date of op.
Marie Cin Kelley	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Lorelly Mr.	
17 Burial Date thereof May 8 1948	22. YIULDITCE: II USAIN WAS UUC IO CAICINGI GAUSCO, IIII III III II III IIII IIII
17. Bussal Bate thereof May 8 1948 (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory Oak Lawn lew	Where did injury occur?
Democraty of Granatory	tnjured at home, farm, Industry, public place (where?)
Marter Cand	Illjureu at nome, tarik, industry, public piece (wherety
Location Justeen Cine Road	Indused of work?
Location fastern (me Road  18. Funeral director of fin a Masan	Meens of Injury Injured at work?
18. Funeral director John a Masan	
Le C. Masan	23. SIGNATURE 7: CJ Welman D. or other

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
//	LEY	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced  MARRIED	MEDICAL CERTIFICATION  2D. DATE DF DEATH  2D. DATE DF DEATH  2D. DATE DF DEATH  2D. DATE DF DEATH	
6,(b) Name of husband or wife    EDWARD   KELLEY	21. I CERTIFY that death occurred on the date above stated: that I attended decreased from  13	
18. Funeral director	23. SIGNATURE TO LAW CAN TO M. D. OF 61/29/48 Address 679 Williams In Brillians Signed	

OR LAURA 1715

8:30Ann. 70 10 Enn

6 To 9 Pm

679 WASH BLVD.

04718

1. PLACE OF DEATH: Basto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Mospital, institution or street address where death occurred:	State
3. (a) EULL NAME	2.(a) it veran, name war. 2000 3. (b) Social Security Nu 213-03-5
4. Sex 5. Color or race 6. (a) Single, married, wildowed, of divorced  Male White Manuel	MEDICAL CERTIFICATION  20. DATE DF DEATH MAG 18 1948.
6,(b) Name of two band or wife	21. I CERTIFY that death occurred on the date above stated; that LaMonded decease
8. AGE: Years Months Days If less than one day hrs.  9. Birthplace Ballana (Town, county, any state)	
10. Usual occupation Alexander Succession	Due fo
12. Name Jalla, ainty Ma.  13. Birthpiace Salla, ainty Ma.  14. Maiden name Salla Suall.  15. Birthpiace Judenck County Ma.	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Lana My Kolley Rd.	Autopsy results
Burial, cremation, or remandal Which?)  Date thereof	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Balto. Md.  18. Funeral director Villiam Cook Juc.	Injured at home, farm, Industry, public place (where?)
Address 1217 St. Paul St.	In Salar and

WRITE

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Leasy arest County.
(If outside city or town limits, write RURAL and give nearest town)  How long in shove place of death?	771.
Hospital, institution, or street address where death occurred:	City or town
Por locale to the Market No.	(If rural, give LOCATION)
Now long in hospital or institution?  3. (a) FULL NAME	2.(a) If veteran, name war
LENA G-KENSI	9 Z Z 2 - 16 - 3968
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
fecualo atuto bridaved	20. DATE OF DEATH LANGUE 19 9 9 at 11: 30 8. M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of	( ) 19 4 1 10 May 1 18 / F
deceased (mo., day, yr.) / llanch 4- 1868	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
80 % 10min.	
9. Birthplace	Que to Hyp perlenses
10. Usual occupation Paker Warker	Curlles - vasures
11. Industry or business Hubbs Coulding Paper Co	Due to.
E 12. Name States Gillet	Other conditions Columnia
13. Birthplage January	(Include pregnancy within 3 months of death)
14. Malden name.	Major findings of operations
S 15. Birthplace Service	Date of op.
18. Informant allered Of Partients	Autopsy results
Address 1502 W. Baltine S.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
(Burial, eremation, or remoyal. Which?)  Date thereof (month) (day) (rear)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory A ALL CLASSES CONTRACTOR OF CONTRACT	Where did injury occur?
Location Malleren Manual	Injured at home, farm, industry, public place (where?)
18. Funeral director F. B. Lelips Best K. Sun	Means of tnjury tnjured at work?
Address / Par Esetard Place	molty describ
10 5/18 10 XX ADI Hed	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar)	Address 1749 W Joseph Date signed 3117

BINDING

ARGIN RESERVED FOR

1. PLACE OF DEATH:

3. (a) FULL NAME

4. Sex

How long in above place of death?.... Hospital, Institution, or street address where death occurred:

5. Color or race

6.(b) Name of husband or wite.....

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a +

### CERTIFICATE OF DEATH

	Reg. Diat. No.
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	of mother
	County BALTO
	mits, write RURAL and give nes(ext.town)
(If rural, s	1 78 MR to W JD.
2.(a) If veteran, name war	0
ANE KIGHT	3. (b) Social Security Number
MEDICAL	CERTIFICATION
20. DATE OF DEATH.	1/ 148 at 7 40
21, I CERTIFY that death occurred on the date	above stated; that tattended deceased from
	19
and that I last saw nalive on	19
	DURATION Sestand
Immediate cause of death  Coronacy Thoronal  Due to Allewooders  actures	
Immediate cause of death  (or or navy Thro  Childre  Due to Arthur arture  Bue to	DURATION SASTAL
Immediate cause of death  (or or navy Thro  Childre  Due to Arthur arture  Bue to	DURATION Sental Sental Sental Sental
Due to.  Due to.  Differ conditions.  Differ conditions.	DURATION Substitution Substitut
Due to.  Due to.  Dither conditions.  Dither findings of operations.  Attopy results.	DURATION Section Secti

7. Birth date of deceased (mo., day, yr.) JULY 911	/ 87 2 and that I last saw halive on
8. AGE: Years Months Days If less than one day 75 /0 2hrs	min. (Oronau Thombous
B. Sirthplace	Due to asteriors cons
10. Usual occupation	Due to
12. Name DAMYEL NIG	HT Biher conditions Ostvert was kear
14. Maiden name LUVENIA A. M.  15. Birthplace MD.	CHARL  (Include pregnancy within 3 months of de
16. Informant MRS. CLARENCE H. Nor. Address 221 Dum 342 town	PHYSICIAN: Please underline the cause to which death si
17. (Burial, cremation, or removal Which?)  Oate thereat (mony) (day)	
Cometery or arematory COVEENS TOINT Location HEYSER, W. Va	Where did injury occur?
18. Funeral director Wm 7. Tichver 4	Sim 5 Meens of Injury Inj
Address DALTO, ADD Je	Lucks, SIGNATURE Samuel T. R. O.
(Date rec'd by registrar)	Registrar   Address // C. Class St. Well's

MARTHA

Injured at work?

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04721

# CERTIFICATE OF DEATH

Reg. Diat. No. 30

State Many April Density Densi	1. PLACE OF DEATH: Bart.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infamts give residence of mother)
The base place of teather.  The base of the base of the teather of the teather of the teather.  The base of the base of the teather of the teather.  The base of the base of the teather of the teather of the teather.  The base of the base of the teather of the teather.  The base of the base of the teather of the teather of the teather.  The base of the base of the teather of the teather.  The base of the teather of the teather of the teather.  The base of the teather of the teather of the teather.  The base of the teather of the teather of the teather of the teather.  The base of the teather of the teather of the teather of the teather.  The teather of the teather.  The teather of	1/27	1 2.1
Now long in above place of teather.    Colly or to real place of teather.   Colly or	(If outside city or town limits, write RURAL and give nearest town)	1/2#= : !! 20
Row long in hospital or institution. The street address where death occurred to the long in hospital or institution?  3. (a) FULL NAME  2. (a) If vetran, name war  3. (b) Social Security Number  What Pohnson King Jr.  4. Sex B. (c) Single, market, videwel, or disorted to the street of the last subject to	How long in above place of death?	(If outside city of town limits, write; BURAL and give neapest town)
Hew long in hospital or testitulian?  3. (a) FULL NAME  Robert Johnson King Sr.  3. (b) Social Security Number  Robert Johnson King Sr.  MEDICAL CERTIFICATION  20. Date of DBATE  20. Date of DBATE  21. ICERTIFY that death covered on the date and estable; that I strended secessed from MEDICAL CERTIFICATION  21. ICERTIFY that death covered on the date and estable; that I strended secessed from MEDICAL CERTIFICATION  21. ICERTIFY that death covered on the date and estable; that I strended secessed from MEDICAL CERTIFICATION  22. ICERTIFY that death covered on the date and estable; that I strended secessed from MEDICAL CERTIFICATION  23. ACE: Tear Meenth Pays II trees than one day  34. ACE: Tear Meenth Pays II trees than one day  35. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  46. ACE: Tear Meenth Pays II trees than one day  47. ACE: Tear Meenth Pays II trees than one day  48. Lee CL.  49. ACE: Tear Meenth Pays II trees than one day  49. ACE: Tear Meenth Pays II trees than one day  40. ACE: Tear Meenth Pays II trees than one day  40. ACE: Tear Meenth Pays II trees than one day  40. ACE: Tear Meenth Pays II trees than one day  40. ACE: Tear Meenth Pa		
3. (a) FULL NAME  4. SEX  4. SEX  5. Color or rasp  6. (a) Single, mighted, widowed, or diversed MEDICAL CERTIFICATION  9 Male  8. (b) Name of husband or wite Land Courty Ring age.  7. Birth date of deceased (no. dor, vr.) Albury 8, 1870.  8. AGE: Very  10. Usual occupation.  10. Usual occupation.  11. Industry or business  12. Rame.  13. Birthplace  14. Malden name.  14. Malden name.  15. Birthplace  16. Malden name.  17. Many Rama Raman Range Raman R		
4. Sex  1. Scotor or race  1. Set of bound or wile  1. Birth faste of deceased (mo. dov, yr.)  1. Birth faste o	How long in hospital or tustitution?	2.(a) If veteran, name war
4. Sez  4. Sez  5. Color or rass  8. (a) Name of harband or wife Clara Gaving King  8. (b) Name of harband or wife Clara Gaving King  7. Birth date of deceased (mo. 407, yr.) Behaving Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Behaving Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Behaving Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Behaving Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Behaving Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Behaving Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Behaving Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Behaving Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Behaving Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Behaving Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Behaving Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Behaving Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of and aspect of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of and aspect of aspect of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of aspect of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of aspect of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of aspect of deceased from Manager of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of aspect of aspect of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of aspect of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of aspect of aspect of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of aspect of deceased (mo. 407, yr.) Burnary Wife (Town. counts) of aspect	3. (a) FULL NAME	3. (b) Social Security Number
9 Male White Widowell  6.(6) Hame of husband or wite Charactery King  7. Birth feels of Gecased (m. 6 st., yr.) Sebruary 18 18 70  8. AGE: Years Months Days It less than one day  7. Birth feels of Gecased (m. 6 st., yr.) Sebruary 18 18 70  9. Birthplace Manager (m. 6 st., yr.) And asject of the feel of German (m. 6 st., yr.) and asject of the feel of German (m. 6 st., yr.) and asject of the feel of German (m. 6 st., yr.) and asject of the feel of German (m. 6 st., yr.) and asject of Germ	Robert Johnson	News XIV
S. (b) Name of husband or wife Clara Grand Ring (Second from the date and extended from the date of th	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
S. (b) Name of husband or wife Clara Grand Ring (Second from the date and extended from the date of th	male White Widower	May 21 48 4:100.
8.6(c) tt blve, give age years deceased (mo. day, yr.)  8. AGE: Years Months Days It less than one day Years of the street of th	6 . b.	
T. Birth date of deceased (mo., day, yr.)   Televary 8, 18 0.	6.(b) Name of husband or wite ward owing rung	
deceased (mo., day, yr.) Alebray 8, 8, 1 less than one day  18. AGE: Years Months Days If less than one day  19. Birthplace. The Months (Town, county, and atsite)  10. Usual occupation. The Months of Land Barbay	S.(c) It blive, give ageyears	19
8. AGE: Years Months Days If less than one day  78 2 2 3 hrs. min.  9. Birthplace Middlicks as Manyland (Town, county, and atate)  10. Usual occupation. The Manyland A. P. Store  11. Industry or business Research County and atate (Include pregnancy within 8 months of death)  12. Name Manyland Bank and Manyland (Include pregnancy within 8 months of death)  13. Birthplace Manyland Manyland Manyland (Include pregnancy within 8 months of death)  14. Maiden name Manyland Advance (Include pregnancy within 8 months of death)  15. Birthplace Manyland Advance (Include pregnancy within 8 months of death)  Major findings of operations.  16. Indoorant Many Manyland Advance (Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.  Adopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of injured at work?  Means of Injury occur? (City or town) (County) (State)  Injured at work?  Means of Injury Injured at work?  Manyland Country (State)  M. D. or othyg		
9. Birthplace Tribling A. Many May Due to Ch. M.; or and store May and	8. AGE: Years   Months   Days   If less than one day	Immediate cause of deading
10. Usual occupation. The world of A fr. Stand  11. Industry or business  12. Name. And the stands of the stands o	78 2 23	
10. Usual occupation. The world of A fr. Stand  11. Industry or business  12. Name. And the stands of the stands o	Frederick Co Marila	Ola Missaudita
11. Industry or business    12. Name	9. Birthplace (Town, county, and state)	Due to.
11. Industry or business    12. Name	10 Heral accupation manager of A. & P. Store	100 Letter Bened
12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Birthplace  17. Commonting of operations  18. Informant  19. May Address / V Cherry all Address / Commonting of commontin	Pt.	Due to
14. Malden name   Many   Barrels		
14. Malden name   Many   Barrels	E 12 Name Marian	
18. Informant Mind of Maries Saloman Actopsy results  Address / V Cherryall Rd. Catorwille 18. Maries Ma		(include pregnancy within 8 months of death)
18. Informant Mind of Maries Saloman Actopsy results  Address / V Cherryall Rd. Catorwille 18. Maries Ma	14. Malden name Many Courses	Major findings of operations.
Address / V Cherydell Rd. Catonaville 18, 7  Burial (Burial, cremation, or removal). Which?)  Date thereof. (month) (day) (year)  Cametery or crematory. A Charlery (City or town)  Location. E Control of Mary Canol.  Injured at home, farm, industry, public place (where?)  Means of Injury  Mary 2  Mary 3  Mary 2  Mary 2  Mary 2  Mary 3  Mary 2  Mary 3  Mary 3  Mary 3  Mary 4  Mary 5  Mary 6  Mary 6  Mary 6  Mary 6  Mary 7  Mary 7  Mary 6  Mary 7  Mary 6  Mary 7  Mary 7  Mary 7  Mary 7  Mary 7  Mary 7  Mary 8  Mary 7  Mary 8  Mary 7  Mary 8  Mary 7  Mary 8  Mary 7  Mary 8  Mary 7  Mary 8  Mary	\$ 15. Birthplace Magyland.	
Address / V Cheryfell Rd. Catonaville 18, 18, 18, 18, 18, 18, 18, 18, 18, 18,	18 Interment Mrs of Charles Saloman	Actorsy results
17   Burial   Date thereot   5   73   48	1 1 1 1 1 1 1 1 1 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cametery or crematory. At Johns of Classification (City or town) (County) (State)  Location Elicott City Many Land.  Injured at home, farm, industry, public place (where?)  Means of Injury Injured at work?  Many 22 48 UF Many 1  Many 22 48 UF Many 1  Many 23 48 UF Many 1  Many 23 48 UF Many 1  Many 24 48 UF Many 1  Mybere did Injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury Injured at work?  Many 23 48 UF Many 1  M. D. or other	B : 11	22. VIOLENCE: If death was due to external causes, till in the tollowing;
Cametery or crematory. At Johns of Classification (City or town) (County) (State)  Location Elicott City Many Land.  Injured at home, farm, industry, public place (where?)  Means of Injury Injured at work?  Many 22 48 UF Many 1  Many 22 48 UF Many 1  Many 23 48 UF Many 1  Many 23 48 UF Many 1  Many 24 48 UF Many 1  Mybere did Injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury Injured at work?  Many 23 48 UF Many 1  M. D. or other	(Burial, eremation, or removal, Which?)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Location Ellicott City Many Tand Injured at home, farm, Industry, public place (where?)  18. Funeral director Eastory Isons  Means of Injury Injured at work?  May 22 48 NE Many Tand Dear Signature Charles J. (surveyeller Mr. D. or other)  M.D. or other	1 ( L. L. La Teau	Where did injury occur?
18. Funeral director. Easton, Fond  Means of Injury  Injured at work?  Means of Injury  Injured at work?  March 29  March 29  M. D. or other	Commetery of crematory of the Art. Sur. It.	
Address 608 Frederick ave latonoville 78, 7rd	Location 6 Constitution of Con	
May 29 48 1/8 Harry 23, Stonatore M. D. or other	18. Funeral director Gastony Asons	means of injury Injured at work?
May 29 48 1/8 Harry 23, Stonatore M. D. or other	Address 608 Frederick ave latonwille 287	nd. (Ulaste T. (Lumanell A. D)
19. May Lt 1948 Val Harry Registrar Address 9 CO U. Low board St. Date signed 21 May 48	Mr. 129 110 116 11	
	19. (Date roc'd by registrar)  (Date roc'd by registrar)	Address 9 co 4. Low board St. Date signed 21 Mas 48



L. E. Harrie

140 22 48

2411 N. Charles St., Baltimore

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04725

### CERTIFICATE OF DEATH

or Diet No. 44

	Reg. Dist. No4	
1. PLACE OF DEATH: County Batting ore	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
City or town	City or town (If outside city or town limits, white RURAL and give nearest	
Hospital, Institution, or street address where death occurred:	Street No	
How long In hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME Reter Kuniathon	uski 3. (b) Social Security Num	nber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	W
N Widawal	20. DATE DF DEATH May 7 18 48 21.	736 A.
8.(6) Name of hueband or wite Vonda Knowathouski	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	
7. Birth date of	and that I last saw h. M. Amalive on	
deceased (mo., day, yr.)  8. AGE: Years   Monthe   Days   It less than one day	Immediate cause of death	DURATION 2 weeks
60 mm		Lan. Inches Contambility
9. Birthplace Coland (Town, county, and state)	Due to Chronic Glomenilo-	15 year
10. Usual occupation Grocer (Retired)	Due to	
11. Industry or business  12. Name	Other conditions Hypertensive CV	5 years
	(Include pregnancy within 3 months of death)	
14. Maiden name Vinkerum  15. Birthplace Poland	Major findings of operations	
\$ 15. Birthplace Octand	Date of op	***************************************
18. Informant mis Helen Ohnness	Autopsy results	
Address 58 Honeyemb Rd. Balto. 20. Ind	PHYSICIAN: Please underline the cause to which death should be charged state  22. VIOLENCE: If death was due to external causes, fill in the following:	isticany.
(Burlal, cremation, or removal, Which?)  (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide	***********************
Cemetery or crematory	Where did Injury occur? (City or town) (County) (S	tate)
Location Alliamaport, Pa	Injured at home, farm, Industry, public place (where?)	
Alas & Consull.	Moone of Injury Injured at work?	
Address 4/8 6 auten Com- Ceraci	J. L. Kolodny	
19. May 7 1948 Am J. Comelle (Date rec'd by registrat) Registr	23. SIGNATURE M/D. or of Address 45 6 days ate apts Date signed 77.	ther

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. At is especially important. Physicians: please write the causes of death clearly and legil

•

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15 9.



# PLEASE WRITE PLAINLY, WITH UNFARI

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

930

Reg. Diat. No.

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infante give residence of mother)  State		
534 S. 48th Ste	(If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME Hasper Hoes	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m 12.	20. DATE OF DEATH. May 15 19 45 21 3 P		
6.(b) Name of husband or wife Israngaret	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw has an alive on the angles 19 4		
deceased (mo., day, yr.) /22 arch -25-18//	Immediate cause of death DURATION		
8. AGE: Years   Months   Days   If less than one day	Coronary Occhesion I day		
77hrsmin.			
· Germana	antonia-sellerates usas		
9. Birthplace (Town, county, and state)	Due to.		
Butcher			
1D. Usual occupation.	Due to.		
11. Industry or business			
12. Name andrew Hoeo  13. Birthplace Dermany	Diher conditions		
\$ 13. Birthplace Dermany	(Include pregnancy within 3 months of death)		
14. Maiden name Phasette Unknown  15. Birthplace ' Sermany	(Include pregnancy within 8 months of death)  Major findings of operations		
2 15. Birthplace . Termany			
Just margnet- Troves	Antoney results.		
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 534 J. 48th Sil	22. VIOLENCE: It death was due to external causes, fill in the following:		
17. Burial Date thereof 5-19-48 (Burial cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
(Buriary Cremation, or removed)			
Cemetery or crematory	Whera did injury occur?		
Obonnell Str Nd.	Injured at home, farm, industry, public place (where?)		
Location	Maans of Injury Injured at work?		
18. Funeral director	1 1/4 1 20		
Address 468 Eastern Cu F.	23. SIGNATURE M. D. or other		
19 May 9 t 19 8 John 5 Cornelly (Date rec'd by registrar) Registrar	1. Clar al. minute		



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M

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04723

# CERTIFICATE OF DEATH

Reg. Diat. No. .... 3.6

1. PLACE OF DEATH: County Baltimore Recedo Knoll City or town Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  6 Days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County  City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME  Elizabeth A. Knecht	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Female   White   Single	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  1948
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 10. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years   Months   Days   It less than one day   90   9   19	Due to Wyliatobileroles
to, Usual occupation. None  ti. Industry or business	Oue to
12. Name John A. Knecht, Sr. 13. Birthplaco Germany	Other conditions
t4. Malden name Mary Hoover t5. Birthplace Maryland	Major findings of operations
t6, Informant Alphonse F. Knecht Address 1400 Mt. Royal Avenue	Autopsy results
Burial Date thereof 5/28/48  (Burial, cremation, or removal, Which?)  Cemetery or crematory. New Cathedral	22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
ta. Funeral director.  Baltimore, Md.  18. Funeral director.  805 N. Calvert Street	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
19. Trang 27.19 48 a. 20. Historia	23. SIGNATURE COULT SURGERY MAND OF Other STOCKES

PLEASE

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correct age

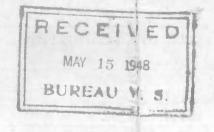
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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04724

			CERTIFICAT	TE OF DEA	TH	Reg. Dist. No	32	
1. PLACE OF DEATH: Beltimore County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
City or town Randallstown (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 26 Yrs.  Hospital, Institution, or street address where death occurred:			State Md. county Baltimore  City or town Randall stown (If outside city or town limits, write RURAL and give nearest town)  Street No. McDonough Road					
How long in hospital or institution? None				Street No. (If rural, give LOCATION)  2.(a) If veteran, name war. No. ne				
3. (a) FULL NAM	IE .	Marie	Krebs			3. (b) Social Securit	ty Number	
4. Sex Female	5. Color or race White	6.(a)Single	married, widowed, or divorced	2D. DATE OF DEATH		ERTIFICATION	10A M	
	or wite	6.(c	rebs ) It allve, give age 58 Yr Syears	and that I last saw h.X	the corred on the date about 194	ove stated; that I attended de	eceased from	
8. AGE: Year 50		Bays 8	If less than one day ####################################	Impediate cause of de	hu	unlinge	8 Mins	
1D. Usuat occupation.  11. Industry or busine	Housewife ss njamin Swa Baltimore	n	ryland tate)	Due to		3 Pertun	-grais	
14. Malden name	Baltimor	e,Md.			ade pregnancy within 3 rations.			
16. Intormant	William H. lonough Ros	******	( Husband )	PHYSICIAN: Flease 1		hich death should be charge	ed statistically.	
Cemetery or cremate Location Rand	al n. or removal. Which? Mt. Oliv lallstown, F George J.	e alto:Co Ruth,I	o.Md.	Accident, suicide, or ho Where did thjury occur		(County) (there?) Injured at work?	(State)	
19.5 - 4 (Date rec'd by r	19 48 egistrar)	, O	2 EMehol my Registrar	Address A. He	rulle 8	M. I.  Date signe	5/14-49	



WRITE PLAINLY, is especially

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correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Diat. No. 43

1. PLACE OF DEA	TH: Baltimore	2		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Rural, Raspeburg  City or town. (If outside city or town limits, write RURAL and give nearest town)			ייייייייייייייייייייייייייייייייייייייי	Slate Maryland county Baltimore	
City or town(If or	utside city or town lim	its, write R	URAL and give nearest town)		
How long in above place	of death?	years		City or town Rural, Raspeburg (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or	street address where de	eath occurred	:	Street No. 1218 64th Street	
1218	64th St	reet		(If rural, give LOCATION)	
	Institution?	**************		2.(a) It veteran, name war	
3. (a) FULL NAME				3. (b) Social Security Number	
	STANISI	LAUS	KWIATKOWSKI		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Wi	dowed	20. DATE OF DEATH. 1948 21 2 P	
		1		1	
				21. I CERTIFY that death occurred on the date about stated; that I attended deceased from	-
		6.(4	e) It alive, give ageyears	19.45 10 19	····
7. Birth date of deceased (mo., day, y	Unknow	2) 19	910	and that I last saw h £ 7 19.4.	
8. AGE: Years		Days	If less than one day	Immediais cause of death OURATION 2 day	
62 ?				g cann	
			1		
9. Birthplace	Poznan, Po.	ounty, and s	tate)	Oue to	001000
	Mana				
1D. Usual occupation			•••••	Due to	
11. Industry or business		4.1	1-1	2. 0 4.	
1 = 1			ki	Other conditions.	
	Poznan, I	Poland		(Include pregnancy within 3 months of death)	—
14. Maiden name	Unknow	vn.			
TO		Poland		Major findings of operations.	
				Date of op.	,
				Antopsy results	
Address 12	18 64th S	treet			
Buria	1	Bota there	May 11.1948	22. VIOLENCE: It death was due to external causes, fill in the tollowing:	
Burial Date thereot May 11,1948 (Burial, cremation, or removal, Which?) (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide	,
Cemetery or crematory			aus	Where did injury occur?	
Mt. Carmel Road				Injured at home, farm, Industry, public place (where?)	
18. Funeral director	u m c.	adowsk	i & Sons	Msans of Injury Injured at work?	
Address	1808 Eas	stern	Avenue	J. H. Rose M.	
- Du	100		( - B) P	23. SIGNATURE M. D. gr.other	
19. Date rec'd by re	19 / S	(	A MARIER	Address 3 400 & Colle V Date signed 3/10/48	

information can

1. PLACE OF DEATH: Baltimore

How tong in hospital or institution?...

3. (a) FULL NAME

4. Sex

Male

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

(Date rec'd by registrar)

Nospital, institution, or street address where death occurred: VAH. Fort Howard, Maryland

DWIGHT B. LANDRETH 5. Color or race

10-29-05

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WITH UNF important.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICAT

2. USUAL RESIDENCE (HO	OME) OF DECEASED:
	County
	r town limits, write RURAL and give nearest town)
Street No. 3800 Fairh	naven Avenue
2.(a) If veteran, name war	A I -i I OCATIONI)
	3. (b) Social Security Number
MED	ICAL CERTIFICATION
20, DATE OF DEATH May	7 19 48 3:52
	n the date above stated: That I attended deceased from
and that I tast saw h.A.Malive	on May 7 19.
and that I tast saw h.I.Malive Immediate cause of death	on May 7 19.  REBRAL ACCIDENT DURATE UNKN
and that I tast saw him alive Immediate cause of death CE  Due to Hypertensive	on May 7 REBRAL ACCIDENT UNKN  Vascular disease Unkn
<sub>Due 10</sub> Hypertensive	vascular disease Unkr
Due 10. <b>Hypertensive</b>	vascular disease Unkr
Due 10. Hypertensive	vascular disease Unkr
Due 10. Hypertensive Due 10. Diher conditions	Vascular disease Unkr
Due 10.  Die 10.  Die 10.  Diher conditions.  (Include pregnam	vascular disease Unkr
Due 10. Hypertensive  Oue 10. Other conditions (Include pregnan	Vascular disease Unkr

North Carolina 10. Usual occupation.... 11. Industry or business ( deceased) Peter Landreth 12. Name...... 13. Birthplace North Carolina Sallie Lake 14. Maiden nam 15. Birthplace North Carolina 16 Informant Clinical Records, Vets. Adm. Hosp. Fort Howard, Maryland Date thereof..... Cemelery or crematory Baltimore National Cemetery Baltimore, Maryland 18. Funerat director. John F. Denny Address 115 Light St., Baltimore, Md.

Fort Howard, Maryland
(If outside city or town limits, write RURAL and give nearest town)

Marie Landreth

6.(a) Single, married, widowed, or divorced

Married

If less than one day

23. SIGNATURE

Mesns of Injury

Where did tnjury occur? .....

(City or town)

Injured at home, farm, industry, public place (where?) ......

injured at work?

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

# CERTIFICATE OF DEATH

0472843 Reg. Dist. No. 43

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			
City or town Raspeburg, Md.  (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Baltimore		
(If outside city or town limits, write KUKAL and give nearest town)	City or town Raspeburg, Md.		
How long In above place of death?	(if outside city or town limits, write RURAL and give nesrest town)		
Hospital, Institution, or street address where death occurred:	Street No. 7500 Philadelphia Rd.		
7500 Philadelphia Road	(if rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME	2 (L) C : 1C : 2 N L		
Corrad John Langent	elder 3. (b) Social Security Number 214-26-7966		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male whate married	Mar at und aura		
male whate married	20. DATE OF DEATH 19 44 A M		
8.(b) Name of husband or wife Emma P. Langenfelder	21. I BORTIFY that death occurred on the date above stated; that I attended deceased from		
	Jely 19 1947, 10 May 25 1948		
7. Birth date of Feb. 15th. 1877	and that I last faw h Ann alive on May 125 19 48		
7. Birth dale of deceased (mo., day, yr.) Feb. 15th, 1877	Immediate cause of death Datamaker DURATION		
8. AGE: Years   Months   Days   If less than one day			
71	Oulusus fuller		
// 3 10hrsmin.	Aug		
Baltimore County Md.	Due to arterio Silenoline Jun.		
9. Birthplace Baltimore County, Md. (Town, county, and state)			
Contractor	Clardio Vasculus aucus		
1D. Usual occupation	Due to.		
11 Industry or husiness			
E 12. Name George H. Langenfelder	Ille el eta blallet. I un.		
12. Name	Dither conditions		
13. Birthplace A Baltimore County, Md.	(Include pregnancy within 3 months of death)		
14. Maiden name Lena Long	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
15. Birthplace Germany	Date of op.		
16. Informant Mrs. C.J. Langenfelder	Autopsy results		
Address 7500 Philadelphia Rd.	PHYSICIAN: Please underline the cause to which death abould be charged statistically.		
7/00/10	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. birial Date thereof 5/28/48 (month) (duy) (year)	Accident, suicide, or homicide		
(Buriai, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory Zion Lutheran	Where did injury occur?		
Stemmers Run, Md.	Injured at home, farm, Industry, public place (where?)		
Location	Means of injury injured at work?		
18. Funeral director Lass also Funder & Thomas	11 0 . 1		
Address 7401 Belair Rd.	180. M. Samapaner		
The second of th	23, SIGNATURE M. D. or other		
19. May 2 6 19 48 mg 4 val lyfamilia Registrar	Address Dallo 6 Mass Date signed 5-25-48		



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

# (1472.) Reg. Diat. No. 42.

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: • Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Relay Md.	State Golorado County Monks
(If autide sity on town limits write PIIDAI and sive necessit town)	0. 1. 1. 4111
How long in above place of death? Two months and 24 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
Relay Sanitarium	(If rural, give LOCATION)
How long in hospital or institution? Two months and 24 days	2.(a) If veteran, name war
3. (a) FULL NAME  Caroline E. Gage LAWRENCE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white widowed	2 224 115 6.1.5
	2D. DATE DF DEATH. 19.47 21 5:00 PM
6.(b) Name of husband or wife tames hawseuse	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
A (a) Malling along an	7.6.293 19.45 10 2 23 19.47
7. Birth date of Oct. 7/ 1868	and thet I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	O Shanne Feet Low
79 7 16hrsmin.	Local Francisco
Buffalo New York	mate P. I Date O . Service
9. Birthpiace	008 10
1D. Usual occupation Housewife	
11. Industry or business	Due fo
12. Name Lyman H. Gage	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Lyllis B. Hawkins	
14. Malden name Lyllis E. Hawkins  15. Birthplace Vermont	Major findings of operations.
Son-	
10. IIIUIIIdil	Antopsy results
Address 2001 E. 1st Avenue-Denver, Col.	
17. Burial Date thereof. May 27/48	22. VIOLENCE: If death was due fo external causes, fill in the following:
(Burial, cremation, or removal. Wisch?)  Date thereof. (month) (day) (yesr)	Accident, suicide, or homicide
Cemetery or crematory. Oak Woodstolletter	Where did injury occur? (City or town) (County) (State)
Clience 1001	Injured at home, farm, industry, public place (where?)
Location VI 741 - 10 - 2	Means of Injury Injured at work?
18. Funeral director T. O. M. W. W. C. T. T. O.	Gundry
Address 19 cm Certain Place	9. Py / m.b.
	23. SIGNATURE
(Data rec'd by registrar)  (Data rec'd by registrar)  (Data rec'd by registrar)	12/ 2/ 2/ 5/10
(Data rec'd by registrar) Registrar	Address. Date signed

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No. .

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Baltimore	(For newborn infants give residence of mother)
City or town	State Mary Add a Plinery
How long in above place et death? Lilled Miley 10, 19.56	City or town
Hospital, Institution, or street address where death occurred:	Street Ne. 57.8. D. Agus
Eudowood Sanatorium, Towson 4, Md.	(If rural, give LOCATION)
How long in hospital er institution? Since May 10,1945	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
alicemae Livis	
4. Sex 5. Color extrace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jimey White Married	20, DATE OF DEATH. May 20 19 75 21 8175 DM
6 (b) Name of husband or wife Sandara Service	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
o. Co. Marine of	Mas 10 1945 10 May 30 1945
7. Birth dale et	and that I last saw h alive en _ May 3 D 19 #8
deceased (me., day, yr.) assistantial (1901)	
8. AGE: Years Months Days It less than one day	70.0
(4) / min.	gulmonery Enbergmanes Suice
	all
9. Birthplace	Due to
1D. Usual eccupation. Mandenvife.	Due te
11. Industry er business	
# 12. Name Esses fark	Other cenditions.
	Other Centillous
13. Birthplace Many Nill P	(Include pregnancy within 3 months of death)
= 14. Maiden name Actions to ly	Major findings of operations
15. Birthplace Maryland	
Paragraph of the state of the s	
Personal/history-Hospital records	Autopsy results
Address Eudowood Sanatorium, Towson 4. Md.	
1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22. VIOLENCE: It death was due to external causes, fill in the teliewing:
(Burial, cremation, or removal. Which?)  Dale thereol. (month) (day) (year)	'Accident, suicide, or hemicide
14. 14 1-112 162-	Where did Injury occur?
Cemetery er crematory Land Colonia Col	
Lecation Just Class Unit 69. J. J.	Injured at home, tarm, Industry, public place (where?)
12 Good down Charles Dashiell	Maens et Injury Injured at werk?
18. Funeral director	( C B . 1
Address Frencess anne Mg.	100 CIONETIDE A/// Miders
111 x8 Lun Herlinet	23. SIGNATURE M. D
19. (Date rec'a by registrar)	Address Tows on 4, Maryland Date signed 5-30-48

ect age

1. PLACE OF DEATH:

3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace .....

1D. Usual occupation.

tt. Industry or business

13. Birthplace

14. Maiden na 15. Birthplace 14. Maiden name

Address

Location ... 18. Funeral director

Address

8. AGE:

How long in above place of death?..... Hospital, institution, or street address where death of

Months

2

(Jown, county

How long in hospital or institution?.....

# PLAINLY, is especially WRITE ASS

important.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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- 6	460		

### CERTIFICATE OF DEATH

CERTIFICATI	E OI DEMINI	Reg. Dist. No.
write RURAL and give nearest town)  occurred:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r State	nty Balta.  downe , write RURAL and give nearest town)  Etta We
ggie I. Little	٤	3. (b) Social Security Number
(orSingle, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Widowrd	2D. DATE OF DEATH	202 1948 11/9
S.(c) If allive, give ageyears	21. I CERTIFY that death occurred on the date about 19	42- 10 May 30 19 48
Days If less than one day	Immediate cause of death	2 Weeks
ty, and state) Whigh	Due to Carrier Vasce Due to Differ conditions	eller e Wils www 6 grans
Balto, Md. Q. Banko	(Include pregnancy within 3 n	
Kohlhaus	Autopsy respits	Oate of op
Date thereof	PHYSICIAN: Please underline the cause to whe  22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	ses, fill in the following;
Cook Suc.	Injured at home, farm, Industry, public place (with Means of Injury	
and W. Helsist	23. SIGNATURE Clat W Address 3 432 Fruel	M. D. or other  Ch are signed 12.

PLAINLY, 1 is especially

WRITE

PLEASE

NS

1. PLACE OF DEATH:

M	A	RYI	AND	STATE	DEPARTMENT	OF	HEALTH
ATR	А	LIL	AUU	SIAIL	DEFARIMENT	Ur	DEALER

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
City or town				State		
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  May 25 19.48 10May 27 19.48  and that I last saw h im alive on May 27 19.48		
8. AGE: Year 5!	rs   Months	0ays 17	if less than one dayhrsmin.	Immediate cause of death Chr. glomerule-nephri	tis	10 yrs.
10. Usual occupation	9. Birthplace			Due to		**
15. Birthplace	North Ca	rolina ords.Ve	ts Adml Hospital	Major findings of operations		
(Burial, cremation Cemetery or cremat	Ol Frederi	pre Nat	ional Cemetery Balto.Md.	22. VIOLENCE: tf death was due to external cause Accident, suicide, or homicide	ses, fill in the following;	(State)
18. Funeral director Address St.		ook	Sts. Balto.Md.	A. SIGNATURE SUCCESSION	Shaelelt M. D.	or other

WRITE PLAINLY, is especially

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH:  County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				Shir Old Frederick Road		
3. (a) FULL NAM	E				3. (b) Social Security	Number
	Reb	eca Le	TEBECC	LA H. LOHR	No	
female	5. Color or race	6.(a)Single	e, married, widowed, or divorced married	MEDICAL C	ERTIFICATION 1948	al5:20pm
	C and		ohr	21. I CERTIFY that death occurred on the date about the control of the date about the control of	ove stated; that I attended dec 48, toMay27 May	19. 48
8. AGE: Year		Days 8	If less than one day	Bilateral lobar pneum  Adenomatous goitre wi	onia (termina	1) 60 hrs.
9. Birihplace				Glomerular nephritis	······································	indefinite
This is the state of the state				Other conditions		
14. Maiden name	? Virgin			(Include pregnancy within 3		
16. Informant	Asepit.	al reco	MR. FLOREW LO	Autopay results	78	
11. Burial, cremation	n, or removal. Which?		(month) (day) (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	Date of	
Location	BALT		HD.	Injured at home, farm, Industry, public place (w	here?)	
18. Funeral director.	Ym T	110/	UER Y Sons	Means of Injury	injured at work?	
Address	BALto	3 10	D. Hedrick	23. SIGNATURE Isadore Tuer	М. D.	or other
19. 5/29	19. X 6		Registrar	Catonsville-28, M		

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carefully clearly and

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH Reg. Dist. No. 40 2. USUAL RESIDENCE (HOME) OF DECEASED: A. PLACE OF DEATH (For newborn infants give residence of mother) (if outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: (tf rurat, give LOCATION) How long In hospital or Institution?... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION that death occurred on the date above stated: that I attended deceased from deceased (mo., day, yr.) If less than one day 8. AGE: (Town, county, and state) 11. Industry or business (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide..... Where did Injury occur? .....(City or town) Injured at home, farm, industry, public place (where?) ..... injured at work? Means of Injury

RECEIVED

MAY 13 1948

BUREAU V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

04734

			2	1
Reg.	Dist.	No.	3	<i>L</i>

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 10g Human	(For newborn infante rive residence of mother)
City or town Randellstorero	State Marcy County Jallines S
(If ontside city or town limits, write RURAL and give nearest town)	City or town Mandallstoren
How long in above place of death?	(If outside sity or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Wellhu all
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, namn war
3. (a) FULL NAME	3. (b) Social Security Number
Jacob Chillip	Lucra
4. Sex 5/Cofor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DF DEATH MAY 14 - 19.47 , nt
Elisteth J. Luers	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
B.(b) Name of husband or wife.	Feb. 1 at 1048 10 May. 14 1048
7. Birth date of 6.(c) If alive, give age years deceased (mn. day, vr.) 12/15/1871	and that I last saw blancalive on Man 14 5 1848
general fitted and 1313	Junidiate case of death DURATION
8. AGE: Years Mooths Deya If lees than one day	( ir ou uses Ocelusion
16 4 27hrsmin.	
9. Birthplace Baltzins	
9. Birthplace	Aye to.
10. Usual occupation. Farmer	Cordin Haroulan Albury
	Due to
11. Industry or business	
12. Name 1. Common 1. Comm	Other conditions
S O-+1 1 Del 14	(Include pregnancy within 3 months of desth)
E 14. Maiden name. Alleulus Actually	Major findings of operations.
N 15. Birthplace / Jermann	Batn of op.
Torseal Lieux	
1B. Informant	Astopsy results
Address Wilher Clr. Vandallionen	
17 Sureal Date thereof May 17-48	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal Which) (month (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location tassessiville. Ind	Injured at home, farm, Industry, public place (where?)
18. Funeral director Frank H. Newell	Means of injury Injured at work?
Address Pikeovelle, i mel	2-0-m+
X-1 CQ D9H 1:	23. SIGNATURE M. D. or other
19. 2 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Addispared allators, The Date alened 14748

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# INSTRUCTIONS FOR MEDICAL CERTIFICATION

### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

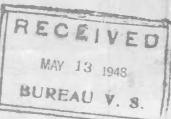
93d

# 04736

# CERTIFICATE OF DEATH

Reg. Diat. No. 40

/			
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore	State Maryland County Baltimore		
City or town Perry Hall, Md. (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 20 years	City or town		
How long in above place of death?	Street No. Belair Rd.		
nusyllat, illstituting of street autors and seem to the seem to th	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME			
	J. (V) Doctor Decurry Atamoer		
DAVID F. MAY			
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white widower	20. DATE OF DEATH. May 3rd, 18 18 21 P. N		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	900 V. Q. V		
7. Birth date of Aug. 30+b 7863	and that I last saw hamalive on the saw that I last saw hamalive on the saw hamalive of the saw hamalive on the saw hamalive of the saw hamalive on the saw hamalive of the saw hamalive o		
deceased (mo., day, yr.)  Aug. 30th, 1863	Immediais cause of death		
8. AGE: Years   Months   Days   It less than one day	1.0		
84 8 3min.	hyocardia kunfumy Yclay		
Wingini o			
9. Birthplace Virginia (Town, county, and state)	Due to.		
at, home			
10. Usual occupation	Due to. Culture Selenter 5413		
11. Industry or business			
12. Name Silas May 13. Birthplace Virginia	Dither conditions		
3 13. Birthplace Virginia	(Include pregnancy within 3 months of death)		
14. Maiden name Mary Souder			
	Major findings ut operations		
	Oate of op		
18. Informant Mr. August R. Schroeder	Autopsy results		
Address Belair Rd., Fullerton P.C.			
C/6/1.8	22. VIOLENCE: If death was due to external causes, till in the tollowing:		
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory St. Michaels Lutheran	Where did injury occur?		
Perry Hall, Md.	Injured at home, farm, Industry, public place (where?)		
Location	Show to bound a		
18. Funeral director Lancaha Francial Home	Means of Injury Injured at WORK?		
71.01 Polain Rd	1 die 1 th recess		
Address (401 Detail the	23. SIGNATURE M. D. or other		
13/5/4/ 10/1 Worthman	14 Reeks um 5/3/48		
Registra	Address Date signed		



PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04737

# CERTIFICATE OF DEATH

			I a vigual propriet (110345) o	P PEOPLOPP	
1. PLACE OF DEATH:  County Baltimore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			state Kentucky con	unty	
City or lows. Fort Howard (If outside city or town limits, write RURAL and give nearest town)			City or town	v	
How long in above pla	es of death?25	Days	(If outside city or town limit	s, write RURAL and give no	earest town)
Hospital, Institution,	or street address where	daath occurred:	street No. See above.	***************************************	***************************************
Vets. Adm. Hospital, Ft. Howard, Md.  How long in hospital or institution? 25 Days			Street No. See above.  (If rural, give LOCATION)  2.(a) tt veteran, name war.  WW-I		
		pays	2.(a) tt veteran, name war		
3. (a) FULL NAI	ME			3. (b) Social Security	Number
		CCIDES	1.000	Unknown	
4, \$ex	S. Celer er reca	B.(a)Single, marriad, widowed, or divorcad	MEDICAL C	ERTIFICATION	
Male	White	Married	20. DATE OF DEATH May 11,	1948	. 6:45 P
8.(b) Name at hysbar	le/site Dora	McClees	21. I CERTIFY that death occurred on the date about		
			April 20, 19		
7. Birth dale sf	v. vr.) 2-5-95	1200			
decaaaad (ms., day	ers   Months	l Days I It leas than one day	Immediate cause of death		DURATION
o. Mou.			Meningitis	***************************************	12 Days
5	3 3	10 hra. min.			
9. Birlhplace	Rowan Count	y 9 Ky 4 county, and state)	Dualo Bacillus Pyocyanesus M		11 11
10. Usual occupation	carpente	<b>r</b>	Dus to		
11. Industry or busin	iese			***************************************	
12. Nome IS	aac McClees		Other conditions Carcinoma, squ	namous cell,	11 Mos
13. Birthplace			scalp with metastases to brain		
		nity	(include pregnancy within 3	months of death)	- 200
14. Maidan nam	Kentucky		Major fiediogs of operations. Debriden		
2 15. Birthplaca	Homony		bone, and dura right		
18. Intermaat C.1	inical Reco	rds, Vets. Adm. Hosp.	Autopsy results		
	t. Howard,				d statistically.
	-		22. VIOLENCE: It death was due to axternal car		
(Burlal, eremati	on, or removal, Which?	Date thereolMay 151918	Accident, suicida, or homicide	Date of	
		emetery	Whera did Injury occur?(City or town)		
LocationToh	nsons Funer	Al Home A Hagand Kr	tnjured at home, farm, todustry, public place (w	where?)	***************************************
Location Johnsons Funoral Hone Hazard Ky			Maans of Injury	Injurad at work?	J. B.
Address Bela	ir Rd, Balt	imore, Md.	23. SIGNATURE Robert Lan	ner_	
mani	7 40	housened tasker	R.L. LARNER, M. D	M. D	. or other
(Date ree'd by	7 10 48 registrar)	Registrar		Date signad	<u>द</u>

MATARIL MOUTE A SPRINGED

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DESCRIPTION OF STREET

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MAY 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, is especially

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04738

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	1572 Aliceann Street		
3. (a) FULL NAME	3. (b) Social Security Number		
JAMES MCDERMOTT	Unknown		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   White   Unknown	MEDICAL CERTIFICATION  20. DATE OF DEATH. May 24, 2:40 A.		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23, 1948 to May 24, 1948 and that I last saw h im alive on May 24, 1948		
8. AGE: Years   Months   Days   If less than one day	Extensive fibrocaseous tuberculosis  unknown		
9. Birthplace Scotland (Town, county, and state)  10. Usual occupation	Other conditions Coronary Occlusion		
14. Malden name to 15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations		
16. Informant Clinical Records, Vets. Adm. Hospital Address Ft. Howard, Maryland	Autopsy results. Substantiated above PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Baltimore National Cemetery  Baltimore, Maryland  18. Funeral director Howard Blight Favoury Months  Address 4914 Belair Rd., Baltimore, Md.	22. VtOLENCE: if death was due to external causes, fill in the following;  Accident, suicide, or homicide		

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	OT:	111	27	2	0.
	Dist.	NI.	- 7	2	
reg.	Dist.	140			

# CERTIFICATE OF DEATH

				Nos. Dist. No	
1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED:	
Coooly			***************************************	(For newborn infants give residence of mother)	
City or town			IRAL and give negrost town)	State	
How long in above place				City or town. (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or 1612	street address where	death occurred:	***************************************	Street No. 2610 Gwynndale Ave.	
1612	Yakona	Rd.	***************************************	(If rural, give LOCATION)	
How long in hospital or	Institution?		***************************************	2.(a) If veteran, name war	
3. (a) FULL NAMI				3. (b) Social Security Number	
	08	car Le	onard McKenny		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	W.	Mar	ried	20. DATE OF DEATH May 21/48. 19 19 19 19	
	D-A2-	TT /	D-4444 -1 -1		
8.(b) Name of husband	or wife Ruth	V. (nee	Brittingham)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
*******************************	•••••	6.(c	If allve, give ageyears	Jely 18 4 10 14 10 19 19 19 19 19 19 19 19 19 19 19 19 19	
7. Birth date of deceased (mo., day, y	Jan.	26, 18	92.	and that I last say h. Lamelive on 2 / May 194	
8. AGE: Years		Days	If less than one day	Immediate cause of death	
56	3	25	hrsmln.	arterio-scherotic Cardio	
		T	salto.Md.	Varilla Olsege	
D. Birthplace	(Town,	county, and s	tate)	Due to	
10. Usual occupation	Rutcher				
11. Industry or busines:	Amanada -	n Stor	es	Due to	
	illiam M				
12. NameW				Other conditions	
	TToo Impo a sun	'n		(Include pregnagey within 3 months of death)	
14. Maiden name 15. Birthplace	Unknow	74		Major findings of operations.	
15. Birthplace	OHAHOW	1/1		Date of op.	
18. leferment Mr	s. Ruth.	V. Mc	Kenny.	Autopsy results. M.M.	
	10 Gwynn	dale A	Ve.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Bur	iol		Mov 25/49	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, eremation,	or removal. Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Woodlawn			Where did injury occur?		
Woodlawn. 28.			fa _ / /	[Rijured at home, farm, lodustry, public place (where?)	
1.003100			Means of fajury Industry, public place (wherer)		
18. Funeral director	Harry	1 //	Menza	means at salarit	
Address 4101 Edmond son Ave		AVO	22 CIGNATION C. St. Veie n. D		
ma	211	~ 0	21/1/1.	23. SIGNATURE M. D. or other	
19. (Date rec'd by re	7 19 4 8	· · · · · ·	W. Hadrut Registrar	Address 6 201 Mach Ed Date signed 21 Was 4	
			9		

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

74a Reg. Dist. No.....

6.4	1 4 4
87.5	31
1.7	- 21
(7)	31
	-

	77		
A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County / JALTI140RE			
City or town (If outside city or town limits, write RURAL and give nearest town)	State County 3AATO		
How long in above place of death?	City or town		
Nospital, Institution, or street address where death occurred:			
	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME	3. (b) Social Security Number		
BROTHER JOHN MCM	USAEN Security number		
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male WHITE SINGLE	20. DATE OF DEATH. MAY - 16 19 48 01 5 45 PM		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Jan 19 48 10 May 16 19 48		
7. Birth date of	and that I last saw h 1 m alive on may 160 19 48		
deceased (mo., day, yr.) Which was a second of the second	Immediate cause of death		
	Myeloid Jerkema		
7/ 10 13hrsmin.	<i>V</i>		
9. Birthplace	Due to		
16-1101011			
INDENIE D	Due to		
11. Industry or business LIVELIVEE			
E 12. Name // O.T. K.N.O.W	Other conditions		
∑ 13. Birthplace /?	(Include pregnancy within 8 months of desth)		
원 14. Malden name			
14. Malden name	Major findings ef operations		
P. T. BY PT	Date of op.		
	Antopsy results		
Address WOODSTOCK COLLEGE			
(Burial, cremation, or removal, Which?)  Date thereof A 19-48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Gemetery or crematory MODDSTOCK COALEGE CEI	Where did in ury occur?		
Location WOODSFOCK. MD	Injured at home, farm, Industry, public place (where?)		
18. Funeral director / 3 Ermand 5 Hurle	Means of Injury Injured at work?		
Address 121 & WEST ST Balx 10	MO SIGNATURE Harolat Burna		
19. (Date/rec'd by registrar) 19 Xt Awbedrich	Address 529 N Charles N Date signed May 17, 48		
	DETIC SIGNAL		

The correct age

# 9.45-15M A15

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

	Neg. Dist. 110	***************************************
1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County. 919 County		
City or town(If outside city or town limits, write RURAL and give nearest town)	State County	***************************************
How long in above place of death? Alasaut 5 who	City or town (17 outside city or town limits, write RURAL and give near	rest town)
Hospital, Institution, or street address where death occurred:	11/19 Ch 1-0.0-1	pt.
Box 49, Prandera Rd. ( Frowson 4)	Street No. (If rural, give LOCATION)	<b>7</b>
How long in hospital or institution?	2.(a) It veteran, name war	1/
3. (a) FULL NAME Louise B. Me No	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Demale White Married -	20. DATE DE DEATH SATING LONG J. 9	, 21 9:30 M
6, (b) Name of husband or wife Francis J. Mc Mamee	21. I CERTIFY that death occurred on the date above stated; that I attended dece	
0, (o) haine of husband of which	H DACU -12 10 47 10 H DOZ -	29 19 18
T. Birth date of	and that I last saw halive on	19.48
deceased (mo., day, yr.) / Tunon 11, 1880	Immediate cause of death	DURATION
8. AGE: Years   Months   Days   It less than one day	CEREBURY MENORMACE	3 DAYS
9. Birthplace of allson in Ma- (Town county, and state)	Due to HTRELTENS (U)	શ જાય.
10. Usual occupation Consessing	Due to ART YOUR CLEROSIS	10 725
11. Industry or business	Dither conditions.	
12. Name 22 13. Birthplace by Marie 2	(Include pregnancy within 3 months of death)	SIENELS
14. Maiden name hrederielsa Thross.	Major fiedings of operations.	************************
15. Birthpiace	Date of op	
16. Informant & Sames & Mc Mannes (Busham	Aytopsy results.	
Address 2619 n. Talvert ft. Balta. 18, mg.	MHYSICIAN: Please underline the caose to which death should be charged	statistically.
12 Agnial - Date there of June 1, 194	22. VIOLENCE: If death was due to external causes, fill in the tollowing;	
(Burlal, cremation, or removal, Which?)	Accident, sulcide, or homicide	
Cemetery or crematory. Active Conces	Where did injury occur?	(State)
Location Daltingone Mist.	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director of Abaward Evans	Means of injury Injured at work?	
Address / 40 of. Charles ft. Balts 30 us	Stroet D. Sud	of
19. 6/1 19 15 AW Hedric		o oher
(Data who'd by registrar) Registrar	Taldings 201 K 33 - 57 Note signed	BURY TO LYTIN

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

U4/42 32

1. PLACE OF DEATH: County Dallianory	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Ballana
How long in above place of death? / & general	Cily or town. (If outside tity or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	The Man
	Street No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fr. W Widowed	20. DATE OF DEATH May 7 19.48 31 41.20 6.1
Jum 1 meales	21. LOERTIFY that death occurred on the dale above stated; that I attended deceased from
6.(b) Name of husband or wife	Secral Feces 10 nun 7 1948
7. Birth date of Section 1. Birth date of Sect	and that I last saw help valve on may 6 19 4
deceased (mo., day, yr.) 100, 19, 1856	Immediate canage of death DURATION
8. AGE: Years   Months   Days   If less than one day	artinia dellace
91 5 18hrsmin.	
9. Birthplace Va.	Due to
(Town, county, and state)	
10. Usual occupation.	Duo 10
11. Industry or business Pum Home	
= 12. Name Baldwin Harris	Other conditions Secule
12. Name Galdson Thanks  13. Birthplace Va	
	(Include pregnancy within 3 months of death)
14. Maiden name Typica Succession 15. Birthplace Va.	Major findings of operations.
₹ 15. Birthplace	Date of op.
16. Informant Charles n. Mealing	Autopsy results
Address Letherville mel	PHYSICIAN: Please underline the cause to which death should he charged statistically.
1) 10 40 16110	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removed Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
le l	Where did injury occur?
Cemelery or crematory of the state of the st	
Location Light Maddell Lange And Management	Injured at home, farm, industry, public place (where?)
18. Funeral director C. Harry Weer	Means of Injury Injured at work?
Address Augherrille, M.	23. SIGNATURE Les Co. Mehals held
1.5-8-1.48 Dr 59 Nichol	2 0 1/1 00 0 3 1 M. D. or other
19. 5 - 5 - 19 47 AT Z Mekerer (Date ree'd by registrar) Registrar	Address Wille S. M. a. Dato signed D. J. Y.

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MAY 11 1948

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

			CERTIFICITIE	Z OI DEIIII	Reg. Dist. No	· <b>/</b> · · · · · · · · · · · · · · · · · · ·
1. PLACE OF D	EATH: timore			2. USUAL RESIDENCE (HOME) ( (For newborn infants give residence of	mother)	
County Baltimore  City or town Fort Howard.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 11 Days		State Maryland County  City or town 515 Willow Avenue  (if outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, Vets. A	or street address wher dm. Hospit	e death occurred	Howard, Maryland	Street No. Baltimore, Mary (If rural, giv 2.(a) It veteran, name war SAW	land (15) eLOCATION)	
3. (a) FULL NAI		OBERT W	MESSENGER		3. (b) Social Security 223-18-1906	
4. Sex Male	5. Color or race White		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
			essenger c) If alive, give age 65 years	21. I CERTIFY that death occurred on the date at April 27. 19 and that I last saw h. IR. alive on Ma	48 to May 8,	19.48
deceased (mo., day		3-1870 Days 15	tt less than one dayhrsmin.	Immediate cause of death		DURATION 2 weeks
	Unemplo		atate)	Oue to.		Unknow
12. Name He	mry Messer			other consultation Mural thrombo ventricle, cause myoc farctions use (2k) and pient to (1) duration, unk	ardial in-	plus
15. Birthplace	Mass.	ords, V	ts. Adm. Hosp.	Autopsy results Substantiat PHYSICIAN: Please underline the cause to	ed above.	
	al on, or removal. Whic	Date the	reof. hard 11 48 Chonth) (day) (year)	22. VIOLENCE: If death was due to external control of the control	Dale of	
Location	Federa	lsburg,	Md. Som	Injured at home, farm, Industry, public place ( Means of Injury	where?)	
Address	Federal			23. SIGNATURE MILTON GINSBE Address V.A.H. FORT HOWA	RG, M. D. M. D.  RD. MD. Date signed	or other 5-8-48

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MAY 11 1948

BUREAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Spring Grove State Hosp.

### CERTIFICATE OF DEATH Reg. Dist. No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Balt City State Maryl and Baltimore (If outside city or town limita, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: 2520 Greenmount Ave Spring Grove State Hospital (If rural, give LOCATION) 11 days How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Cel. Charles Willer 6.(c) Single, married, widowed, or divorced MEDICAL CERTIFICATION male white Widowed . 20. DATE OF DEATH May 29 1948 21 82 15P M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife.... Mary Nelson May 18 19 18 10 May 29 19 18 6.(c) If alive, give age ..... T. Rirth date of September 22.1862 deceased (mo., day, yr.) DURATION Months It less than one day 8. AGE: Years Arteriosclerotic Heart Disease 85 8 Generalized Arteriosclerosis 9. Birthplace.......Germany. (Town, county, and state) 10. Usual occupation. Glazer 11. Industry or business 12. Name Carl Gottleib Mueller Germany 13. Birtholace (Include pregnancy within 3 months of death) 14. Maiden nam 14. Maiden name Caroline Ringel Major fiedings of operations..... Germany 16. Informant Dr. Briss PHYSICIAN: Please moderline the cause to which death should be charged statistically. 827 Park Avenue 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof... Accident, suicide, or homicide..... Where did Injury occur? .....(City or town) Injured at home, farm, Industry, public place (where?) ..... Isadore Tuerk

Registrar

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rn.				
. Dist	. No.	4	*	4
U	4	士	()	

_	
	2. USUAI, RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
1	State State Gounty Palle
	Cily or town
	Street No
I	2.(a) It veteran, name war
	3. (b) Social Security Number
Ì	MEDICAL CERTIFICATION
	7
	20. DATE OF DEATH. 12A
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and that I last saw halive on
I	Immediate sause of deaths.
	Skull Fradure (frontal)
ı	Crufted. D
	Comsound froduce when
	Due 850 Af Johnson
	Fronce & delocation
	Olle children ( Fell 6 2)
	(Include pregnancy within 3 months of death)
	Major findings of operations
	Autopsy results
	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, sulcide, or homicide D. L. Bate of D. J. 3/48
	there did injury occur? (City or town) (County) (Saturation)
1	Injured at home tarm, industry, and the place (where?)
	Means of injury Fell four holdinglastisch ges /
	0-
	or mounted moderning hod.
	23. SIGNATURE

Der Farber.



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WRITE

PLEASE

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1. PLACE OF DEATH:

county.... Raltimore

How long In hospital or institution?....

3. (a) FULL NAME

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

9. Birthplace.

1D. Usual occupation.

11. Industry or business

13. Birthplace

14. Maiden name.

How long in above place of death? Hospital, Institution, or street address where death occurred: Eudowood Sa atorium Towson

Months

### MARYLAND STATE DEPARTMENT OF HEALTI

2411 N. Charles St., Baltimore

### CERTIFICATE

OF DEATH	Reg. Dist. No	20
2. USUAL RESIDENCE (HOM) (For newborn infante give resider	E) OF DECEASED: 100 of mother) 100 outry Lalto C	· L
1/1 - 1/1-		/
(If outside city or town	limits, write RURAL and give no	earest town)
Street No. 3. J. J. J. J. C. (If rural	election)	************************
2.(a) If veteran, name war		
	3. (b) Social Security 228-16-1	
MEDICA	L CERTIFICATION	
20. DATE OF DEATH	3/ 1948	216110 Q W
21. I CORTIFY Mat death occurred on the d	ate above stated; that I attended dec	eased from
	1947 10 May 3	1945
and that I last saw h	May 3P	194
mmediate cause uf death		DURATION
Helmon AA	Justiculisi	12-5100
lue to	)	7
(		
)ue to	,	***
••••••••••••••••••••••••••••••••••••••	bookeen	****
Other conditions		
(Include pregnancy wit	hin 3 months of death)	
Majur findings of operations		
Tall and the second sec	Date of op	
Autupsy results	tu which death should be charge	d statistically.
22. VIOLENCE: If death was due to exter	nal causes, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or t	cown) (County)	(State)
and the state of t	nee (where?)	

Ш	(Burial, cremation, or removal. Thiche) (honty (day) (year)	Madiachti catalaci of named
	Cemetery or grandory the state of the state	Where did injury occur?(City
	Location & if missirely Vag	Injured at home, farm, Industry, public
ŀ	18. Funeral directoral Visitary Francisco tome	Meens of Injury
	Address Demograture VA. 1	1/1/1
ı	573. col W. Palmalto del Hora	23. SIGNATURE
	(Date rec'd by registrar)	Address Towson 4, Md.

16. Informan Personal History-Hospital records

Address Eudowood Sanatorium, Towson L. Md

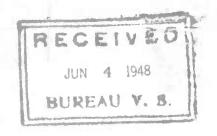
Towson II, Mary land (If outside city of your limits, write, RURAL gand give nearest town)

If less than one day

.hrs.

M. D. oz-oth

Injured at work?



2411 N. Charles St., Battimore

03637

## CERTIFICATE OF DEATH

			41
Reg.	Diat.	No.	10

1. PLACE OF DEATH  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newbose infants give residence of mother)  State
How long in hospital or institution?	
3. (a) FULL NAME Kate S. Morse &	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowel	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  19. 48 21. 7 P M
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  A pul 15 19 4 7 10 7 19 4 7
7. Birth date of deceased (mo., day, yr.) Nov. 2-0-1870	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediais cause of death OURATION 3 weeks
9. Birthplace Joutou New Hourstone (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business  12. Name	Other conditions
14. Maiden name Susan Clough 15. Birthplace New Howpelies	Major fiediags of operations
16. Informant Bornard a: mull	Actorsy results
Address  17	22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide
Gemetery or crematory.  Acting	Where did Injury occur?
18. Funeral director Clarent Z. arthur	Means of Injury Injured at work?
Address Tork Well	23. SIGNATURE Red O Hodono M. D. M. D. or other
19. May 6 19.48 C. E. Cultur (Date rel'd by registrar) 2. Joesl Registrar	Address Edglwood W Date signed May 5 45

MARGIN RESERVED FOR BINDING

wrech

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

important.

PLAINLY, V is especially

WRITE

PLEASE

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MAY 13 1948 BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

03638

### CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ON TONISUILLE	State
City or town	City or town (If outside city or town limits, write RURA), and give nearest town)
How long in above place of death?	111111111111111111111111111111111111111
19Wordlawn Rd	Sireet No. (If rural, give Location)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	+CHISON MOSS 3. (b) Social Security Number
4. Sex   5. Color or race   B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W WIDOWED	2D, DATE OF DEATH. 5 /2-3 1/8 at
8.(6) Name of husband or wife Williamson WADE	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jel-15- 1948 to May 23 1948
7. Birth date of	and that I last saw h. L.L. alive on DI Co. 22-118
deceased (mo., day, yr.)	Immediata cause ol death
8. AGE:	Observation of the more on the
9. Birthplace OM CORD (Town, county, and state)	Due to Physical Mercandular alveral
1B. Usual occupation Laus FWI/s	Tuesday Juliano
11. Industry or business	Due to artirio Pellinso Junio
	Dither conditions
12. Name 10 HN 5, HUTCHINSON  2. 0. 0.	730, 300, 300, 300, 300, 300, 300, 300,
14. Maiden name Mattie MC Ninch	(Include pregnancy within 3 months of death)
14. Maiden name Mattie MC Ninch  15. Birthplace  N. G.	Major findings of operations.
11.1.1.1	Date of op.
16. Informant	Autopsy results
Address 5715 MAINST ELRINGE, N	22. VIOLENCE: It death was due to external causes, fill in the following:
17 Bare thereof 5 month) (day) (year)	Accident, suicide, or homicide
Cemetery or Fremotory LOPRA INTE	Whers did injury occur?
D 0 113	Injured at home, tarm, Industry, public place (where?)
100	Means of Injury Injured at work?
18. Funeral director. Com True Total 2 2	1 2 10 06/1
Address Atto, M	23. SIGNATURE M. D. or other
may 25, 48 a W. tednel	mis and 1912 5-23-48
(Date rec'd by egistrar) Registra	Address Date signed

1. PLACE OF DEATH:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For uewborn infants give residence of mother)	
City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town)	state Maryland County Talbot Co.	24002488087888800
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 1	City or town Centreville R. Easton (If outside city or town limits, write RURAL and give nearest to	***********
How long in above place of death? L	(If outside city or town limits, write RURAL and give nearest to	
Branch, Md.T.B.Sanatorium	Street No	************
How long in hospital or institution? 1. y.p., 3 mod, 18 days	2.(a) If veteran, name war	,
3.(a) FULL NAME L. Mitchell Mullikin	3. (b) Social Security Number	r
	# Unknown	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Divorced	2D. DATE OF DEATH May 18. 48 a17:	12 Pm
8.(b) Name of husband or wife. Katie S. Mullikin (Divorced)  7. Birth date of Tanno 33 200	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from January 31, 1947 to May 18, and that I last saw him alive on May 18,	1948
deceased (mo., day, yr.) June 11, 1898	Immediate cause of death	DURATION
49 11 7hrsmin.	Pulmonary Tuberculosis 18	
	Due to Tubercle Bacilli mc	)S.
9. Birthplace Easton, Maryland (Town, county, and state)	Due to LUDET CITE DACTITI	**************
10. Usual occupation. Farmer	Rua ta	
11. industry or business	DUG 14-	
12. Name Roland Mullikin	Other conditions Cardiac Asthma Uni	mown
3 13. Birthplace Easton, Maryland	(Include pregnancy within 8 months of death)	
14. Maiden name. Susanna Caulk 15. Sirihpiace Talbot, Co., Maryland 16. informant L. Mitchell Mullikin		
15. 8irthplace Talbot.Co., Maryland	Major findings of operationsNooperation	
18. Informant L. Mitchell Mullikin	Aetopsy results.	
Address Centreville Rd., Easton, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistics	
17. Burial (Burial, eremation, or removal, Which?)  Date thereof 5/21/48 (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following;  Accident, suicide, or homicide	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Cemetery or crematory Spring Hill	Where did injury occur?	)
Location Easton, Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funerat director Ellis R. Clark	Means of injury injured at work?	
Address Easton, Maryland	23. SIGNATURE Stewart S Shaffer M. D. or other	m'A
19. May 18 1948 Aele R. Nager Registrar	Address Mt. Wilson, Md. Date signed 5/1	3/48



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Marie Marie Committee and the second second

WITH UNFADING INK. Supply every item of information carefully. Ine correct age important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

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# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  Baltimore  City or town Catonsville, Md  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
How long in hospital or	Institution?		······································	. 2.(a) if veteran, name war	***************************************	
3. (a) FULL NAME	Freder	ick A.	Murk		3. (b) Social Security  None	Number
4. Sex	5. Color or race	6.(a)Sing	de, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	3 A
7. Birth date of		6.	Hartmanyear	21. I CERTIFY that death occurred on the date about the second of the se	ve stated: that I attended dece	23 <sub>19</sub> 48
8. AGE: Years		Days 22	If less than one dayhrs,mln	Immediatorause of death TE	u oar hays	3 804
9. BirthplaceMaryland (Town, county, and state)  1D. Usual occupationRetired  11. Industry or business				Due to.	wn	
13. Birthplace	Germany			Other conditions		
16. InformantMrs. John Boone				Antopsy results	Date of op	
Address Ellicott City, Md.  17				Injured at home, farm, loously, public place (w	(County)	
19. (Date rec'd by re	4 19 48 gistrar)	- 7	E. Harry Registra	Address Commence	M. D	5/24

Mil Werwell 1014 transla Ave.



ne correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For reshort infants give residence of mother)  State
3. (a) FULL NAME	Muna 3. (b) Social Security Number
4. Swy 5. Color of raca 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  19.48 29.49
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from 19
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   West than one day	Immediate cause fit dieth DURATION
64 6 14 min.	Due to.
1D. Usual occupation (Town, county, and state)	Due 10
11. Industry or business 11. Industry or business 12. Name 12. Name 13. Birthplace	Other conditions
14. Maiden name	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Eduth Myss	Autopsy results
Address (Burial, cremation, or removal, Whiteh?)  Oate thereol (day) (year)	22. VIOLENCE: If death was due to Afernal causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory and	Whera did Injury occur?
18. Funeral director fill My Market M	Means of Injuly Injured at work?
Address 1319 Al Joules of	23. SIGNATURE M. D. or other
19. May 3 19 48 Q. W. Hedrek (Date rec'd by Jegistrar)  Registrar	Address Refaller for my late signed 5/1/48

DIACE OF DEATH.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

2 JISHAL DEGIDENCE (HOME) OF DECEASED.

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### CERTIFICATE OF DEATH

Reg. Dist. No. 30

I. I LACL OF D		La Company	(For newborn infants give residence of mother)		
County			Managara and a		
		ts, write RURAL and give nearest town			
			City or town Baltimore (If outside city or town limits, write RURAL and give	nearest town)	
Hospital, institution.	or street address where de	ath occurred:	Street No. 1639 West North Avenue	nearest town)	
Spring	g Grove State	Hospital	Street No. 1007 ES & MOPER AVERILE.  (If rural, give LOCATION)		
		iths, 4 days	2.(a) It veteran, name war	V	
3. (a) FULL NA!					
3. (a) FULL IA		Me Myers	3. (b) Social Securit	y Number	
	5. Color or race	S.(a)Size, married, widowed, or divorced			
4. Sex	5. Color of Face	a.(a)Shakie, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white	single	20. DATE OF DEATH May 5 19.48	a 9:00 p	
	A MARKET STATE		21. I CERTIFY that death occurred on the date above stated: that I attended de		
	nd or wite		October 7 10 10 17 to Mare F		
7. Birth date of			and that I last saw h exalive on		
deceased (mo., day	1. yr.) 1868	Jul 21	Immediate cause of death.		
8. AGE: Yea	ars   Months	Oays tt less than one day	Cardiac failure		
798	0 ? 9	4 min.	Arteriosclerosis, generalized		
	2 34	Ita.	Oue to Arteriosclerotic heart disease		
9. Birthplace	(Town, co	unty, and state)	use toArtbartoscrettocteneartbdisease		
10. Usual occupation	3		U-mark and described and described		
	Cathorn		oue toHypertensive cardiovascular		
11. Industry or busin		and of deman	disease	91	
E	3 90		Other conditions		
	? 0	ana.	(Include pregnancy within 3 months of death)		
14. Maiden nam 15. Birthplace	2	Misie Hean Jou	Major findings of operations.		
W 15 Righnlage	?	and.	Major findings of operations.  Date of op.		
	Hoenital	records ful E. de	Autopsy results. none		
16. Informant			PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.	
Address	Catonsvi	lle-28, Maryland			
17 1344	reight	A Colon I	VIOLENCE: It death was due to external causes, till in the tollowing;		
(Burral, crematic	on, or removal, Which?)	Oate thereot(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or-come	olyo)	reeman 3-	Where did Injury occur?	(State)	
Location	Trail 5	5 quel	injured at home, tarm, industry, public place (where?)		
LUCATION		Till A-C	Meens of Injury tolured at work?		
18. Funeral director.	Man ) -		Joseph June		
Address	Soll	Co. Carel	Tondone Punk W D		
~~~	2 .18	a w. Hedrick	23. SIGNATURE. Isadore Tuerk, M.D.		
19.	registrot)19	Registrar	Address Catonsville-2 , Maryland ate signe	5-6-48	

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MARYLAND	STATE	DEPARTMENT	OF	HEALT

2411 N. Charles St., Baltimore

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9	0 01	
	RU	,

04752 1. No. 30

indefinite

2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland  County  Cily or town Baltimore  (If outside city or town limits, write RURAL and give nearest town)  Street Ho. 3621 Oakmont Avenue, Pimlico  (If rural, give LOCATION)  2.(a) the veteran, name war.  3. (b) Social Security Number
MEDICAL CERTIFICATION  2D. DATE OF DEATH May 26, 19 48 23:15 a.m
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  February 21, 19, 48, 10 May 26, 19, 48  and that I last saw h im alive on May 26, 18, 48.  Immediate cause of death.
Carcinoma of the prostate indefinit
Due to.
Other conditions Esophageal stenosis, stricture
at the level of cardia -suspect malignancy?  (Include pregnancy within 3 months of death)  Major findings of aperations.
Antopsy results

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

93d

Bacco. 21, md.

(14753 g. Diat. No. 40

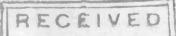
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County Baltimore	state Maryland county Baltimore	
City or town		
How long in above place of death? 46 years	City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. Cowenton Ave.	
Cowenton Ave.	(If rural, give LOCATION)	
How long In hospital or Institution?	2.(a) if veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
	5. (0) Buttar betarry ramber	
ANNA HARRISON NORRIS		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white widowed	20. DATE DE DEATH 200 27 19 48 at 11:15A. M	
6.(6) Name of husband or wife. Ralph Wormeley Norris	2t. I CERTIFY that death occurred on the date above stated; that t attended deceased from	
6.(b) Name of husband or wife	Many 27 19 40 10 May 27 19 48	
7. Birth date of Assemble 25th 1868	and that flast saw h and allive on the same allive of the same allive of the same allive of the same allive of the same allive on the same allive of the same all the same a	
deceased (mo., day, yr.) August 25th, 1868	and that Flast saw h Albania live on an all ye on an all ye on a saw h	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death Colombia DURATION	
79 9 . 2hrsmin.		
	Proto arterioselesposio	
9. Birthplace West Virginia (Town, county, and state)	DIE IV.	
1D. Usual occupation		
	Due to	
11. Industry or business  William Harrison		
T. Name.	Other conditions Apparlement and an	
13. Birthplace West Virginia	(Include pregnancy within 3 months of death)	
質 14 Maiden matte Mary Bartlett		
West Virginia	Major findings of operations	
14. Maiden name Mary Bartlett  15. Birthplace West Virginia  16. Informant Mrs. J. Frank Schmidt		
16. Informant Mrs. J. Frank Schmidt	Antopey results.	
Address 5009 Embla Ave., Balto., 10, Md.	PHYStCtAN: Please underline the cause to which death should be charged statistically.	
7/00/10	22. VIOLENCE: if death was due to external causes, fill in the following:	
17. burial Date thereof 5/29/48 (month) (day) (year)	Accident, suicide, or homicide	
Parkwood	Where did injury occur?	
Cemetery or crematory		
tocation Baltimore, Md.	injured at home, farm, industry, public place (where?)	
18. Funeral director Lassahn Juneal Home	Means of Injury injured at work?	
71.07 Poloin Pd		
Address (401 Bellati na.	23. SIGNATURE 7. W Welling M. D. or other	
10 0728/15 10 M Hammant		
Peristrer	sedinos 1023 B Easlaw Chee, Bata signed May 27,1981	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information arefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13 E

## Reg. Dist. No. 35

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Rellement	1 1
City or town	State Manyland County 63 allunae
How long in above place of death?	City or town
Rospital, Institution, or street addrese where death occurred:	Street No. Big Falls Rd.
	(I rural, give LOCATION)
How long in hospital or inetitution?	2.(a) If veteran, name wer. Share
3. (a) FULL NAME	3.(b) Social Security Number
Grace I rene Parle	more
4. Sex 5. Color of race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION (72)
Temale White married	20, DATE OF DEATH May 21 1948 at 11 0 M
& C. Parles	21. I CERTIFY that death occurred on the dete above stated; that I attended deceased from
8.(b) Name of hueband or wite	9/m 10 48 10 may 2/ 10 48
T. Birth date of	and that I last sew holy allye on livery 20 18.44
deceeed (mo., dey, yr.) apr. 22 1894.	Immediai-cause of death OURATION
8. AGE: Yeare Month Daye It leee then one day	Fulmonary tuterculores
5 4 1/ - hremin.	
9 Birtholace Ballo Co md	Que to
9. Birthplace	DUE TO.
10. Ueual occupation Housen fe	
11. Industry or business	Due to
MI Dan Marth	
12. Name	Other cooditions
e 4	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace Balts. Co. md.	Date of op.
16. Informant E. Seignion Coulce	Autopsy results
Address Mullaton med,	PHYSICIAN: Please underline the cause to which death should be charged statistically.
A . O me and ideal	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  Date thereot	Accident, eulcide, or homicide
Cemetery or cremetory Ausops	Where did injury occur?
Sanda Dud	Injured at home, tarm, industry, public place (where?)
Location	Meane of Injury Injured at work?
18. Funeral director	The state of the s
Address Sparly, md.	23 SIGNATURE Q. M. France
may 25 48 Mm Houngels Marbli	23. SIGNATURE OF A PARTY OF THE
(Date reels by registrar)  (Date reels by registrar)  Registrar	Address & arkton, hed, Date signed 9/21/48

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MAY 28 1948

BUREAU V. S.

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MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and
I	, WITH UN
VS A15 9-45-15M	PLEASE WRITE PLAINLY, is especially

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICAT	TE OF DEATH	BC Reg. Dist. No	44
City or townFO:  How long in above pli Hospital, Institution, Vets.Adm How long in hospital	Itimore rt Howard, I If outside city or town I ace of death? 2 d or street address where Hospital, or Institution? 2 d	daryla mits, write ays death occurr Ft. Ho	nd RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infonts give residence of mother)  State		
JOHN H. PARKS				3. (b) Social Security Number unknown		
4. Sex	5. Color or race	6.(a)Sin	gie, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
Male	Negro	Wid	owed	20. DATE OF DEATH. May 1	1.8	. 3.004
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date a April 29	bove stated; that I attended deces	ased trom 1948
T. Birth date of				and that I last saw h im alive on May		
8. AGE: Ye	ears Months	Days	lf less than one dayhrsmin.	Immediate caose of deathSyphilis Aortic ValveDurati		
9. Birthplace Baltimore County, Md. (Town, county, ond state)  10. Usual occupation Odd jobs  11. Industry or business				Due to		
12. Name Of the Factor Co., Md.						Unknown
				Hypertrophy due to about the control of the control		
16. Informant Clinical Records, Vets.Adm. Hosp.			vets Adm - Hosp	Autopsy results	which death should be charged	statistically.
17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Baltimore National Cemetery				22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	Date of	
Location Baltimore, Maryland				Injured at home, tarm, Industry, public place		
18. Funeral director				Msans of Injury  V. J. Scale  23. SIGNATURE V. F. Sciulle	Injured at work?	
19. May 5 19. 48 a.w. Helywl (Date rec'd by registrar) Registrar			a W. Helyul Registrar	1		

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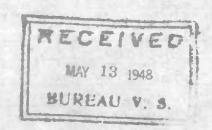
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

(14750) Reg. Dist. No. 3

1. PLACE OF DEATH: 1341 TO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY	State MD County BALTO
(if outside city or town limits, write RURAL and give nearest town)	GRANITE
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Mospital, institution, or street address where death occurred:	Street No. ST PAUL AVE
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME A LORENA PEACH.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEM WHITE WIDOW	20. DATE OF DEATH MAY 7 19 48 at 11 P M
6.(b) Name of husband or wife. CHARAES F / FACH.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	1944, 10 May 2, 1941
deceased (mo., day, yr.) SEPTEMBER 19-1885	and that I last saw h
8. AGE: Yeara   Months   Days   It less than one day	Immediate cause of Veath DURATION
62 7 18nrsmin.	nounts
9. Birthplace BRANITE MD	Due to
(Town, county, and state)	000 10
10. Usual occupation. HOUSE WORK	Due to.
11. Industry or businesa AT HOIYE	
12. Name WILLIAM MILLER  13. Birthplace MARYLAND	Other conditions and the star deformaces
	(luclude pregnancy within 3 months of death)
14. Maiden name MARY BODKA- 15. Birtholace MARYLAND	
15. Birthplace /MARYLAND	Major findings of operations.
16. Informant 14155 THERESA PEACH-	Bate of op,
	Autopsy results
Address GRANITE MD	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereof. (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory WOODLAWN CERY	Where did injury occur?
Location WOOD LAWN MD	Injured at home, farm, Industry, public place (where?)
18. Funeral director Bernard C Harle	Means of lajury Injured at work?
Address 121 E. WEST of	The com-t-
192/8/ 1948 For & Martin	23. SIGNATURE M. D. or other
(Pate reg'd hy registrar)  Rogistrar	Address Date signed 2 8 40



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correct age

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

### CERTIFICATE OF DEATH

04757 186 as Reg. Dist. No. ....

1. PLACE OF DI	EATH:			2. USUAL RESIDENCE (HOME) ( (For newborn infants give residence of	OF DECEASED:	
County Baltimere City or town (If outside city or town limits, write RURAL and give nearest town)			***************************************	State_Md County_ Balt imere		
(11	outside city or town in	mits, write i		(letensville		
Moenital Institution of	r efroof address where	death accurre	<u> </u>	City or town (If outside city or town limi 123 Newburg	ts, write RURAL and give nea	rest town)
Heed's N	lursing He	me, E	imendsen Ave. &	Street No. (If rural, giv	78 LOCATION)	
How long in hospital	or Institution?	A	rth Bend Rd.	2.(a) If veteran, name war		····
3. (a) FULL NAM					3. (b) Social Security	Number
To a Contract	Imeger	e Pe	irson			
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	W.	W:	Ldew	20. DATE OF DEATH.	• 19	o.4 84
	Lete	Harry	W. Peirsen	21. I CERTIFY that death occurred on the date ab		
				5 February 18		19.48
7. Birth date of	., Oct. 3]		c) If alive, give ageyears	and that I last saw h. er alive on 2	6 Cfull	19.48
deceased (mo., day,	y1.7					DURATION
8. AGE: Year		Days	If less than one day	Artenosalerotic hype	tensive	aver
	6	4	hrsmin.	condivioscular d	yiace	5 years
9. Birthplace	lte.Md.		state)	Due fo	***************************************	
		county, and	statej		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10. Usual occupation.				Due 10		
11. Industry or business Oursler					no in fall at	
E		Jakne	***************************************	Dither conditions I rectured left &		3 months
				Some on 5 7 shuay 48	months of death)	
14. Maiden name Millicent Talbet  15. Birthplace Unknown				Major findings of operations	*******************************	•0•1ו1ו0×ו0××ו0
	Unknown					
16. Informant Harry W. Peirson				Autopsy results		
Address 123	Newburg	Ave.		PHYSICIAN: Please underline the canse to w	hich death should be charged	statistically.
Mary 6/40			Mare 6/40	22. VIOLENCE: If death was due to external ca		16/18
(Burini, cremation, or removal, Which?) (month) (day) (yeer)				Accident, suicide, or homicide		
Cemetery or crematory Druid Ridge			)	Where did injury occur?(City or town)	(County)	(State)
Location Pikesville, Md.				Injured at home, tarm, Industry, public place (w	where?)	9
-1/ -1/11. 6/10			liple.	Means of Injury	injured at work?	
18. Funeral director 4101 Edmondson Avo.			A was	10 1	24. 1	
- // 12 2 1/1				23. SIGHATURE John a he		
19. May 5 19 48 a. W. Hefuel Registrar				20 E. Prestin Ex-	M. D. o	way 48
(Date rec. o by re	egistrary		Registrer	Address	Date signed	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Diat. No. 938

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infagts give residence of mother)
County Baltimore -	State Mary Saud County Batta Wy
City or town	Maltinesse
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Fudowood Sanatorium, Towson L. Maryland	Sireet No. 3 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Harry Gaston Gerry	253-10-5447
4. Sex Male White Regulation of divorced Market White Married, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH. Mala 34 1948 at 1948
6.(b) Name of husband or wife Amaro, King	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18. 17. 10. 11. 11. 11. 11. 11. 11. 11. 11. 11
7. Sirth date of 22 166 Lt	and that I last saw b. ssm. alive on May 3/
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
63 10 8hrsmin.	Enlineary tubercularis since
9. Birtholace Sandara Lingland	Due to
9. Birthplace January and states	MATTER
1D. Usual occupation	Due to
11. Industry or business	
12. Name Matthe State 13. Birthpiace Louden Eucland	Other conditions
# Palia Rata	(Include pregnancy within 3 months of death)
14. Maiden name.	Major findings of operations
2 15. Birthplace Lakellen Tengland	Date of op.
16. Informant Personal history Hospital records	Autopsy results
Address Eudowood Sanatorium, Towson L, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 / Jurial Date thegeof. 6-3-48	Accident, suicide, or homicide
(Butial, eremation, or removal, Whit A?) (month) (ay) (year)	Where did letter court?
Cemetery or crematory	
Location P 100 lumone	Injured at home, farm, industry, public place (where?)
18. Funeral director. Seomana	Means of injury Injured at work?
Address 5305 Stantona Rel	W. a. Bridgest
611 VS Marketin	23. SIGNATURE. M. D.
19	Address Towson 4. Md. Date signed 5-31-48

Reg. Diat. No.. 3. (b) Social Security Number 705-03-416 DURATION

(Date rec'd b

(State)

Injured al work?

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PLEASE WRITE

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MARYLAND	STATE	DEPARTMENT	OF	HEALT

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No...

	1. PLACE OF DEATH:	(For newhorn in July give residence of mother)
	County Bacture 13	State Manyland County Battimore
	City or town(If outside city or town limits, wr le RU(AL and give nearest town)	Taxa Bo
	How long in above place of death?	City or town
ıÌ	Hospital, Institution, or street patress where death occurred:	Street No. 850 2 Willow Oak Koad.
	8502 Willow Oak Road	(If rural, give LOCATION)
	How long in hospitat or institution?	2.(a) II veleran, name war WOPIO WAY
	3. (a) FULL NAME	3. (b) Social Security Number
	Constantine & regory	Polites 3. (b) Social Security Number 065-10-3261
	4. Sext a   5. Color of rage   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	Male White Massil	///
	Trace Wille Proposes	20. DATE OF DEATH
	6.(b) Name of husband or wife. Amanda Chew Polites	21. I CERTIFY that death occurred on the date a ove stated; that I attended deceased from
	6.(c) If alive, give age 49 years	19 10 19
	7. Birth date of 114 1997	and that I last saw halive on
	deceased (mo., day, yr.)  P. A.C.E. Years   Months   Days   If less than one day	Immediate cause of death
	6. AUE: 50 10 32	Coronary Gelleten ludlen
Ü	70 10 OZhrsmin.	
ì	9. Birthplace Athens, (Town, county, and state)	Due to Meant Diarre, myranty
		Chronic 2 mg app
	10. Usual occupation Cateteria Proprietor	Due to
	11. Industry or business Se/F	4
	12. Name Gregory Polites	Other conditions
	12. Name Gregory Polites  13. Birthplace Greece	
	× 11 4	(Include pregnancy within 3 months of death)
		Major findings of operations.
	15. Birthplace	Date of op.
	16. Informant Mrs. Amanda Polites	Aotopsy resolts
i	Address 8502 Willow Oak Rd., Towson, Md.	PHYSICIAN: Please underline the caose to which death should be charged statistically.
		22. VIOLENCE: If death was due to external causes, fill in the following:
ı	(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
l	Cemetery or crematory Pleasant ville Cemetery	Where did injury occur? (City or town) (County) (State)
		Injured at home farm, Industry, public place (where?)
	Location / 1695au TVIIIE, STANIIC Ca., New Jersey	Mesns of Injury   Injured at work?
1	18. Funeral director	A A A A A
	Address Towson, Mary taken of	The Handama (ME) DAVE
	The Designation of the second	23. SIGNATURE M. D. or other
	(Date rec'd by registrar)  (Date rec'd by registrar)	Address Towan 4, And Date signed 5/6/48
1	(Date rec d by registrar)	Auditess

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Beltimore

### Reg. Diat. No. .

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
CountyBaltimore	State Maryland County Baltimore			
City or town Overlea, Md.  (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?	City or town Overlea, Md.  (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No. 27 W. Elm Ave.			
8	(If rural, give LOCATION)  2.(a) If veteran, name war.			
How long in hospital or institution?				
3. (a) FULL NAME	3.(b) Social Security Number			
MILVIN R. POWERS				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
female white married	20. DATE OF DEATH May 2nd 19 48 2:20 A			
6.(b) Name of husband or wife Charles W. Powers	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
	april 18 17 10 may 19 19 88			
7. Birth date of Doo 6th 1000	and that last saw h. alive on the court of the saw h. 19 48			
7. Birth date of deceased (mo., day, yr.)  Dec. 6th, 1909	Immediate cause of death			
8. AGE: Years   Months   Days   If less than one day	1 COR DI			
38 4 26mirs.	Myocardias Kingleoup /4			
9. Birthplace Frederick County, Md. (Town, county, and state)	Due to			
	Hey let week p 1/94			
1D. Usual occupation at home	Oue to			
11. Industry or business	f. Inner werstyled			
Helvin T. Tucker	Other conditions relatively Lyc.			
13. Birthplace Unknown				
	(Include pregnancy within 3 months of death)			
14. Maiden name. Anna M. Wise  15. Birtholace Unknown	Major findings of operations.			
	Date of op.			
16. Informant Mr. Charles W. Powers	Actopsy resolts			
Address 27 W. Elm Ave., Overlea, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
h.min] C/C/1.8	22. VIOLENCE: If death was due to external causes, fill in the following:			
burial Date thereof 5/5/48 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory. Parkwood	Where did injury occur?			
Baltimore, Md.	Injured at home, farm, Industry, public place (where?)			
L062110A				
18. Funeral director assaul Funeral Home.	means of initial interest and initial interest and initial interest and initial interest and initial i			
Address 7401 Belair Rd	1 X7 1 1 MBerear			
5/2. 48 / VMA Holes	M. D. or other			
19. (Date rec'd by registrer) Registre	1/11 / col lecon 5/3/40			

age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

94 a

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1. PLACE OF DEATH: BUILDING County Co							
State   Mary Land   County	I. PLACE OF DEATH: Baltinore		2. USUAL RESIDENCE (HOME) OF DECEASED:				
Charles A. Pratt   See	COUNTY			••••••••••••••			
Step in the long in chorn place of dealth?  Step in hospital or institution?  3. (a) FULL NAME  Charles A. Pratt  Single Book of the step in hospital or institution?  Charles A. Pratt  Single  Charles A. Pratt  Single  Single  Charles A. Pratt  Single  3. (b) Social Security Number  Charles A. Pratt  Single  3. (c) If retran, name war.  3. (b) Social Security Number  The step in hospital or institution?  3. (c) If retran, name war.  3. (d) Full NAME  Charles A. Pratt  Single  3. (d) Social Security Number  The step in hospital or institution?  3. (e) If retran, name war.  3. (f) Social Security Number  The step in hospital or institution?  3. (h) Social Security Number  MEDICAL CERTIFICATION  20. Date of Death May, 3.15 th.  19. Date of Death May, 3.15 th.  20. Date of Death May, 3.15 th.  21. Localise May, 3.15 th.  22. Date of Death May, 3.15 th.  23. (Date of Death May, 3.15 th.  24. Date of Death May, 3.15 th.  25. Date of Death May, 3.15 th.  26. (Date of Death May, 3.15	City or fown		Woodlawn	*******************			
Street No. Johnnycake Road  Street No. Johnnycake Road  (It reveal give LOCATION)  2.(a) H veteran, name war.  3. (b) Social Security Number  Charles A. Pratt  4. Sat.  Social Security Number  Charles A. Pratt  4. Sat.  Male  White  Single  Single  Social Security Number  MEDICAL CERTIFICATION  2.(b) Name of hurband or wife.  2.1. LEERIFY flat death occurred on the date above states; that intended deceased from  19. Date of Beath occurred on the date above states; that intended deceased from  19. Date of Beath occurred on the date above states; that intended deceased from  19. Date of DEATH May, 3.1 St.  19. Bar of Beath occurred on the date above states; that intended deceased from  19. Date of Beath occurred on the date above states; that intended deceased from  19. Date of DEATH May, 3.1 St.  19. Date of DEATH May,			(If outside city or town limits, write RURAL and give nearest town)				
Rev long in hospital or institution?   2.(a) If veteran, name war.   3.(b) Social Security Number			Johnnycake Road				
3. (a) FULL NAME  Charles A. Pratt  Charles A. Pratt  Charles A. Pratt  Male  Single  Single  Choling or race  Single  Single  Choling or race  Single  Single  Choling or race  Single  Choling or race  Single  Choling or race  Single  Choling or race  Single  Single or race  Machaer of death  Single or race  Single  Choling or race  Single  Machaer or death  Single or race  Single  Single or race  Machaer or single  Machaer or single  Single or race  Machaer or single  Single or race  Machaer or single  Single or race  S				***************************************	(If rural, give LOCATION)	••••••••	
Charles A. Pratt  4. Sex	How long in hospital or institution?			***************************************	2.(a) If veteran, name war	******************************	
6. (c) Hame of hurband or wife.  6. (d) Hame of hurband or wife.  6. (e) Hallve, give age.  7. Birth date of deceased (mon., day, yr.)  8. AGE: Vears Menths  9 19 hrs.  8. AGE: Vears Menths  Gambriage, Mass  (Town, county, and state)  10. Busic occupation.  11. Industry or business  12. Industry or business  13. Birthplace  Charles Warpen Pratt  14. Maden name Entity Elizabeth  15. Birthplace  16. (e) Single, married, widowed, or divoved or divoved or divoved or divoved or divorced or file date above stated; that I altended deceased from 19.  18. AGE: Vears Menths  Gambriage, Mass  (Town, county, and state)  19. Due to.  Due to.  Due to.  Due to.  Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations  (Include pregnancy within 3 months of death)  Major findings of operations  Major findings of op	3. (a) FULL NAME				3. (b) Social Secur	ity Number	
Male White Single  8.(b) Name of hurband or wife  8.(c) Hame of hurband or wife  9. Birth date of deceased (no., day, rr.) August, lith., 1874  8. AGE: Tear Months Days If less than one day 19 hrs. min.  9. Birthplace  (Cown. counts, and state)  10. Usual occupation. Pharmist  11. Industry or business  12. Name. Charles Warren Pratt  13. Birthplace Cohasset, Mass  14. Malden name. Enily Elizabeth  15. Birthplace Harve De Grace, MMd  16. Informant Mrs. Irvin Gardner  16. Gemetry or removal. Which)  17. Burlal  18. Informant Date of op.  18. Informant Mrs. Irvin Gardner  Moders of Solution Cometory  Woodlawn, Baltimore Co. MMd  18. Informatory County Mass (count) (day) (year)  Woodlawn, Baltimore Co. MMd  Malen family public place (where?)  Where did lajvry occur? (City or town)  Woodlawn, Baltimore Co. MMd  Malen family public place (where?)  Where did lajvry occur? (City or town)  Injured at work?  18. Injured at work?		Charle	s A. P:	ratt			
8. (6) Hame of hurband or wife  8. (6) Halve, give age  9. Sight date of deceased (mo., day, yr.)  1. Birth date of deceased (mo., day, yr.)  1. Industry or business  1. Immediate cause of death.  1. Immediat	4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
8. AGE: Years Months 73 9 19 hrs. min.  9. Birth faite or deceased (mo., day, yr.) August, 11th., 1874  8. AGE: Years Months 73 9 19 hrs. min.  9. Birthplace (Town, coaty, and state)  10. Usual occupation. Pharmist  11. Industry or business  12. Name Charles warren Pratt  13. Birthplace Cohasset, Mass  14. Maidee name Enlity Erizabeth  15. Birthplace Harve De Grace, Midd  16. Informant Mrs. Irvin Gardner  Address 2 Sheppard St. Chevy Chase Md.  16. Usual occupation, or removal. Whiels)  17. Birth date or decated (mo., day, yr.) August, 11th., 1874  22. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. and that I last saw h. alive on  19. Immediate canse of death.  Due to.  Due to.  Other conditions  (Include prognancy within 3 months of death)  Major findings of operations.  Major findings of operations.  Major findings of operations.  Major findings of operations.  PHYSICIAN: Please analerine the cause to which death should be charged statistically.  Andress 2510 Liberty Heights Ave. Batto. Md.  M. D. Signature  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive on  19. and that I last saw h. alive o	Male	White		Single	2D. DATE OF DEATHMay 31sta	3 .12-30 ª	
Immediate came of death   DURATION					21. I CERTIFY that death occurred on the date above stated; that I attended to	leceased from	
Seed as a seed (mo., day, rr)   Augusty, 11th, 16tz		•••••	6.(c	) If alive, give ageyears			
8. AGE: Years Months Days If less than one day 73 9 19	7. Birth date of deceased (mo., day, y	, August,	llth.	, 1874			
9. Birthplace (Town, county, and state) 10. Usual occupation. Pharmist 11. Industry or business 12. Name. Charles Warren Pratt 13. Birthplace Cohasset, Mass 14. Malden name. Emily Elizabeth 15. Birthplace Harve De Grace, MMd 16. Informant. Mrs. Irvin Gardner Address 2 Sheppard St. Chevy Chase Md.  Buriat 16. Usual occupation. Pharmist 17. Cemetery or crematory. Woodlawn Cemetery Location 18. Funeral director  Woodlawn, Baltimore Co. MMd 18. Funeral director  Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Manner of Injury  Manner of Inju			Days	If less than one day	Immediate cause of death	DURATION	
10. Usual occupation. Pharmist  11. Industry or business  12. Name. Charles Varren Pratt.  13. Birthplace Cohasset, Mass  14. Malden name. Entity Elizabeth  15. Birthplace Harve De Grace, MMd  16. Informant. Mrs. Irvin Gardner  Address 12 Sheppard St. Chevy Chase Md.  Burial  17. (Burial, cremation, or removal, Which)  18. Funeral director  Woodlawn, Baltimore Co. MMd  Location  18. Funeral director  Address 4510 Liberty Heights Ave. Balto. Md  M. D  Due to.  Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  Antopsy results.  PHYSICIAN: Please maderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  McCitty or town)  (Citty or town)  (Citty or town)  (Citty or town)  (County)  (State)  Manns of Injury  Injured at work?  M. D  M	73	9	19	hrs,min.			
10. Usual occupation. Pharmist  11. Industry or business  12. Name. Charles Varren Pratt.  13. Birthplace Cohasset, Mass  14. Malden name. Entity Elizabeth  15. Birthplace Harve De Grace, MMd  16. Informant. Mrs. Irvin Gardner  Address 12 Sheppard St. Chevy Chase Md.  Burial  17. (Burial, cremation, or removal, Which)  18. Funeral director  Woodlawn, Baltimore Co. MMd  Location  18. Funeral director  Address 4510 Liberty Heights Ave. Balto. Md  M. D. Comparison.  Due to.  Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  Antopsy results.  PHYSICIAN: Please maderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  McClemetery or crematory. Woodlawn Cemetery)  Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Injured at work?  M. D. County		Gambriage,	Mass		tomoran Ocche	au sal	
11. Industry or business    12. Name	9. Birthplace	(Town, c	ounty, and st	ate)	Due to.		
11. Industry or business    12. Name	10. Usual occupation	Pharmist					
12. Name Charles Narron Pratt  13. Birthplace Cohasset, Mass  14. Maiden name Emily Elizabeth  15. Birthplace Harve De Grace, MMd  16. Informant Mrs. Irvin Gardner  Address 2 Sheppard St. Chevy Chase Md.  Burial  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory. Woodlawn Cemeters  Woodlawn, Baltimore Co. Mid  Location  18. Funeral director  Address 4510 Liberty Heights Ave. Balto. Md  29. SIGNATURE  Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 2 months of the prediction of the prediction of the prediction of the					Due to		
14. Malden name. Entity Elizabeth 15. Birthplace 16. Informant. Mrs. Irvin Gardner Address 12 Sheppard St. Chevy Chase Md.  Burial 17. Burial 18. Gemetery or crematory. Woodlawn Cemetery Location 18. Funeral director  Address 4510 Liberty Heights Ave. Balto. Md  19. Major findings of operations.  Major findings of operations.  Major findings of operations.  Major findings of operations.  Antopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, sulcide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Maans of injury  M. D. M.							
14. Malden name. Entity Elizabeth 15. Birthplace 16. Informant. Mrs. Irvin Gardner Address 12 Sheppard St. Chevy Chase Md.  17. Burial 18. Burial 19. Cemetery or crematory. Woodlawn Cemeters 19. Woodlawn, Baltimore Co. Mid 19. Location 19. Location 19. Location  Address 4510 Liberty Heights Ave. Balto. Md  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Antopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, sulcide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Maans of injury  Maans of injury  M. D. M. D. M. D.	12. Name						
16. Informant Mrs. Irvin Gardner  Address 12 Sheppard St. Chevy Chase Md.  Burial  17. Burial  18. Emeral director Woodlawn, Baltimore Co. MAd  Address 4510 Liberty Heights Ave. Balto. Md  Antopsy results.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Where did Injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  M. D. Address Signature					(Include pregnancy within 3 months of death)		
16. Informant Mrs. Irvin Gardner  Address 12 Sheppard St. Chevy Chase Md.  Burial  17. Burial  18. Emeral director Woodlawn, Baltimore Co. MAd  Address 4510 Liberty Heights Ave. Balto. Md  Antopsy results.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Where did Injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Maans of Injury  Maans of Injury  MM. D. M. D. M	里 14. Malden name	rulty rils	abeth		Major Endings of operations		
16. Informant Mrs. Irvin Gardner  Address 12 Sheppard St. Chevy Chase Md.  Burial  17. Burial  18. Emeral director Woodlawn, Baltimore Co. MAd  Address 4510 Liberty Heights Ave. Balto. Md  Antopsy results.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Where did Injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Maans of Injury  Maans of Injury  MM. D. M. D. M	15. Birthplace	Harve De	Grace	, Mild			
Burial  Burial  Burial  Cemetery or crematory. Woodlawn, Baltimore Co. MAd  Location  Location  Address 4510 Liberty Heights Ave. Balto. Md  PHYSICIAN: Please nnderline the cause to which death should be charged statistically.  PHYSICIAN: Please nnderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		. Irvin Ga	rdner				
Burial    Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Burial   Bu	18. Informant 12 Sh	eppard St.	Chevy	Chase Md .			
Cemetery or crematory. Woodlawn Cemetery  Woodlawn, Baltimore Co. Mid  Location  18. Funeral director  Address 4510 Liberty Heights Ave. Balto. Md  N. D. Signature  Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  No Odlawn Cemetery  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  No Odlawn Cemetery  (City or town) (County)  (State)  Means of Injury  No Odlawn Cemetery  (City or town) (County)  (State)					22. VIOLENCE: If death was due to external causes, fill in the following:		
Cemetery or crematory. Woodlawn Cemetery  Woodlawn, Baltimore Co. Mid  Location  18. Funeral director  Address 4510 Liberty Heights Ave. Balto. Md  N. D. Signature  Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  No Odlawn Cemetery  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  No Odlawn Cemetery  (City or town) (County)  (State)  Means of Injury  No Odlawn Cemetery  (City or town) (County)  (State)			Accident, suicide, or homicide				
Location Woodlawn, Baltimore Co. Mid Injured at home, farm, Industry, public place (where?)  18. Funeral director Means of Injury Injured at work?  Address 4510 Liberty Heights Ave. Balto. Md  29. SIGNATURE  M. D	Compton or aromator	Woodla	wn Cem	etery)	Where did injury occur?	/ CA - A - N	
18. Funeral director Sillus Carroreau Means of injury injured at work?  Address 4510 Liberty Heights Ave. Barto. Md  29. SIGNATURE  M. D	Woodlawn. Baltimore Co. Mid						
Address 4510 Liberty Heights Ave. Barto. Md  20 SIGNATURE  M. D	Location	5 // 1	2 /				
29 SIGNATURE M. D.			w L		means of injury injured at work?	de flet	
M. D.	Address 4510	Liberty H	eights	Ave. Barto. Md	TO SIGNATURE VIENTE MERCELLE	Ladan Ball	
19. O 19. 19. Date signed May 31-Xg	19. 6/	19 X F	- 14	W Hedu	M.		

RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

04763

1. PLACE OF DEATH:		(For newborn infants give residence of	mother)				
				Slate Maryland County			
Cily or town				Doltimome			
Hospital, Institution,	or street address where	death occurre	d:	Street No. 582 Baker Stree	t		
	Veterans Administration Hospital			Sireet No 582 Baker Street (If rural, give LOCATION)			
How long in hospital or institution?				2.(a) If veteran, name war			
3. (a) FULL NAI	ME				3. (b) Social Security	Number	
	RAYMOND H	PRIC	30		Unknown		
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
Male	Colored	Sin	gle	20, DATE OF DEATH	19.48	, 219:10 A	
	7 7	6.	(c) If allive, give ageyears	21. I CERTIFY that death occurred on the date abe May 2	ve stated; that I aftended decer 148, teMa.y3 y3	19.48	
	ars   Months	Days 20	If less than one day	ARTERIOSCLEROTIC ATRO	PHY OF BRAIN	l yr.	
1D. Usual occupation  11. Industry or busin  12. Name	odd job Henry Pri Eastern S The Enma Jame	ce hore,	Md •	Due to	months of death)		
16. Intermant . C1.	inical Reco		et. Adm. Hosp.	Actopsy resultsSubstantiat PHYS1CIAN: Please underline the caose to w	ed above		
17Buria (Burial, cremati	1 ion, or removal. Which? pateryBal.tim	Date the	ereot Mat 7 - 1948 (month) (day) (year)	22. V10LENCE: If death was due to external car Accident, suicide, or homicide	(County)	(State)	
18. Funeral director	Edward Ri 3 N. Carey	nggold St. Ba	lto. Md.	Msans of Injury  23. SIGNATURE We Wand  H.C. MANAUGH, M.D., CH.	Injured at work?		
19. May	1 6 19 4 registrar)	8	Q W Helist	H.C.MANAUGH, M.D., CH.	MdDate signed.	5/3/48	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

163-H

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If cotside city or town limits, write RUKAL and give pearest town)	State Many Card County Deltisable		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or stiegt address where death occurred:	Street No. 20 D. Sy minsten ale.		
20 h. Symington wenue	offeet Ro. (12 rogai, give LOCATION)		
Now long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Doestly 7. Putens	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White married	20. DATE OF DEATH MAY 4 19.48 21.5'30 P.M.		
6.(b) Name of husband or wax Howard Putens	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from		
7. Birth date of	years and that I last saw hold alive on Model Poole Market 1844.		
deceased (mo., day, yr.) August 5, 1914	Immediata cause of death DURATION		
8. AGE: Years   Months   Days   It less than one day	Olluminating Ess Paissing 2 less (est)		
33hrs.			
8. Birthplace Baltimore, Md. (Town, county, and state)	Due to		
10. Usual occupation. Housewife			
	Due to		
11. Industry or business George Bauer			
12. name	Other conditions.		
	(Include pregnancy within 3 months of death)		
14. Malden name Therea Hartman  15. Birthplace Baltimore, Md.	Major findings of aperations.		
2 15. Birthplace Baltimore, Md.	Date of op.		
18. Interment Mr. Howard Putens	Autopsy results.		
Address 20 Symington Avenue	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Rumial 5/8/48	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
Burial  (Burial, cremation, or removal. Which?)  Bate thereof. 5/8/48  (month) (day) (year)	Accident, suicide, or homicide.		
Cometery or ADDON Loudon Park Cemetery	Where did injury occur? (Atamatullu Dalta Magnetic (City or town) (County) (State)		
Location 3801 Frederick Ave., Baltimore, Md.	Injured at home, tarm, industry, public place (where?) 20 M. Sythauthan Aze		
	Means of Injury lojured at work? 42		
18. Fuoeral director Schimunek Funeral Home, Inc.			
Address 2601-3-5 E. Madison Street	23. SIGNATURE A. D. D. Eagles med. Exam.		
5/2 48 Aleke	Mt. D. of other		
(Dote red d by registrar) Regis	trar Address Restenstown and Date aigned 5-4-49		

### MARYLAND STATE DEPARTMENT OF HEALTH

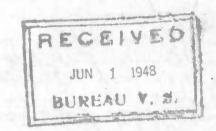
2411 N. Charles St., Baltimore

940

04765 Piet No. 4/

### CERTIFICATE OF DEATH

	Nog. Dist. 140. minim.ka
. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounly factor	(For newhorn intents give residence of mother)
ily or town Dundall	State
(If outside city or town limits, write ORAL and give nearest town)	City or town(If ourside the cown fimits, write RURAL and give nearest town)
ow long in above place of death?	(If outside 15: 5 town limits, write RURAL and give nearest town)
10 dungen or	Street No.
	(If rural, give LOCATION)
ow long in hospital or Institution	2.(a) If veteran, name war.
(a) FULL NAME Elmer Hayne	Pyle - 3. (b) Social Security Number
Sex 5. Color or race 6.(a) Single, married, pidowed, or divorced	MEDICAL CERTIFICATION
male Atulit mornes	20. DATE OF DEATH May 28 1848, at 8
(b) Name of husband or wife found R-	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	18, to
Birth date of (1.01 7 2 1 1 0 1 5	and that I last saw halive on
deceased (mo., day, yr.)  AGE- Years   Months   Day   if less than one day	Immediate cause of death
32 // 3hrs.	min. Oronorg Occident the
Birthplace, Monessen Pa,	Que to
(Town, county, and state)	
). Usuat occupation.	Due to.
. Industry or business Condential fife has	
12. Name Co. Pfc- 13. Birthplace acme-Pa-	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Cong Robinson.  15. Birtholaco Fayette Cela: Pa.	Major findings of operations.
15. Birtholaco Fayette City: Pa.	
Me farige R Prolection	Date of op.
i, Informant DC - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	Autopsy results
Address Obre	
Cremation Date thereof May 31, 194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (mooth) (day) (year)	Accident, suicide, or homicide
Company Coudow Vark	Where did injury occur?
Inadericle And.	Injured at home form industry nublic piace (where?)
Location Julium The Location West The Location The Location The Location Lo	Meens of injury Injured at work?
8. Funeral director	( b )
Address 2112 Dundalk and.	Amon . o he
- In some hard	23. SIGNATURE
mark 30 "48. Nelvan M Below	MI XTOONEY KNEEDY THE



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### MARYLAND STATE DEPARTMENT OF HEALTH

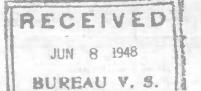
2411 N. Charles St., Baltimore

04766

### CERTIFICATE OF DEATH

Reg. Diat. No. 3/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Alucion	State Mary and County and County
(If outside city or town limits, write RURAL and give nearest town)	County
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Sireel No. Casest I wad
How long in hospital or institution?	(If rural, give LOCATION)
3. (g)-FULL NAME	2.(a) It veteran, name war. 136. Also 14. 1800 13013 27.
Catherine (Katie) Suirp	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F M Swigh	20. DATE DE DEATH. May 29, 1948
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	well . may 29 , US
7. Birth date of	and that I last saw he large on may 250 1948
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
72 1	Carone Valrular Heart
	Ausse
9. Birthplace (Tpwn, county, and state)	Due to
10. Usual occopation	
11. Industry or business	Due to
	B. John Condensation
12. Name acrica acrica.  13. Birthplace	Other coodit loss of the transferred to the coodit loss of the coodit
14. Maiden game Margaret - accept	(Include pregnancy within 8 months of death)
14. Maiden oame Marrarel 14. Maiden oame Marrarel 15. Birthpiacs	Major findings of operations
13. Birmplace	
1B. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically,
Address 900 ald Planford Vapal	
17/ Durial 19/16 thereof 5/31/48	22. VIOLENCE: It death was due to external causes, fill in the toilowing;
(Burial, cremation, or removal White?) (month) (dg/) (year)	Accident, suicide, or homicide,
Cemetery of Cremitory	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
Address 335 Harford (Coad	20m-1
2/20/ 5/2 000 4	23. SIGNATURE M.D. or other
19	Addresaudallstown Date signed 129/45



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### MARYLAND STATE DEPARTMENT OF HEALTH Evidence for change of

birth date shown on:			2411 N. Charles St	., Balti	imore
HIM No. G 115 MAY	18	1948	CERTIFICATE	OF	DEATH

• //	
1. PLACE OF DEATH? It works	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newform is fants give residence of mother)
County Calons rule	State State County / Keltuvork
(If outside city or town limits, write RURAL and give nearest town)	" (struspilo.
How long in above place of death?	(If outside city or town finits, write BURAL and give nearest town)
	Street No. / 17 Han Ford UTES (If yoral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Description ( lustin )	am Rey. 3. (b) Social Security Number
1. Sex   6. Color of face   6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH  20, DATE OF DEATH  20, DATE OF DEATH  20, DATE OF DEATH  20, DATE OF DEATH
6,(V) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	2 hay 1948, 10. 8 hay 1948
7. Birth date of deceases (mo., day, yr.) \aw 314 +9++ 1944	and that I last saw h. J
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION
3 3. 84 mm	
9. Birthplace Mon rulle Lem. (Town, county, and state)	Due to Congenital Spartic paralysis sine bil
10. Usual occupation.	
11. Industry or business	Oue to
12. Name Vugh. W Cludley.	Other conditions Mentally deficient
	(Include pregnancy within 3 months of demth)
14. Malden name Anice Chambers  15. Birtholace / Gallo.	Major findings of operations
16. Interment Nugh, W. Musey.	Aotobsy resolts.
Address 162 Saw Ford. Circle	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Burnel 1 may 11 19h	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramaton June 10 474 June	Where did injury occur?
Location July Tylle May	Injured at home, farm, industry, public place (where?)
18. Funeral director. 6 Wells Juny Teau	Meens of Injury Injured at work?
Address 4510 Liberty Heights Cost.	10 1 4 1 194 1
70. 11.16 12.01.11	23. SIONATURE M. D. or other
19. //w// 19 // / / / / / / / / / / / / / / / /	20 # Preston St - Neck 2 10 may'v

PLEASE WRITE PLAINLY, '

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charle	PARTMENT OF HEALTH  St., Baltimore  PE OF DEATH  Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 4205  (If rural, give LOCATION)
3. (a) FULL NAME  Mary Ranke	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female white white white willow 6.(b) Name of husband or wife of the Nerman Ranks  6.(c) If allive, give age years  7. Birth date of deceased (mo., day, yr.) Ar 7, 18 8  8. AGE: Years Months Days It less than one day 89 6 hrs. min.  9. Birthplace (Town, county, and state)  10. Usual occupation.  11. Industry or business  88 12. Name (Town, county, and state)  12. Birthplace (Industry of business)  13. Birthplace (Industry of business)  14. Maiden name (Industry of business)  15. Birthplace (Industry of business)  16. Informant (Industry of business)  17. Cemetery or crematory (Industry of business)  18. Fuerai director (Industry of business)	MEDICAL CERTIFICATION  2D. DAYE DF DEATH. May 16
19. St. B. 19. 46 H. W. Hedrid (Date rec'd by registrar)  Registrar	Address 400, Williams all Date signed 5-16-48

PLEASE

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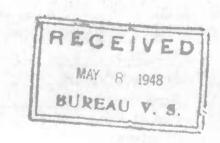
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH 830

(14768 195 Reg. Dist. No. 195

1. PLACE OF DEATH:  County				2. USUAL RESIDENCE (HOME) 0		Variation 1
				State Maryland County Howard		
		City or town Savage (If outside city or town limits	***************************************	0110001111001111001111001111001010		
How long in above place of death?		(If outside city or town limits	, write RURAL and give n	enrest town)		
				Street No.		
Spring Grove State Hospital  How long in hospital or Institution? 6 months, 9 days				(If rural, give LOCATION)		
3. (a) FULL NAME	Ge	orge R	eedv		3. (b) Social Security	Number
4. Sex   5.	Color or race		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
male w	rhite	1	narried	20, DATE OF DEATH May 4	19 48	, 1:45 a
6.(b) Name of husband or w	ifeDa	isy Fi	tch	21. I CERTIFY that death occurred on the date abo		
			c) If allive, give age 70 years	October 25		
7. Birth date of	Octo	ber 27	1871	and that I last saw h i.M alive on	y 4	19.48
deceased (mo., day, yr.)	Months	Days	If less than one day	Immediate cause of death		
8. AGE: Years 76	6	7		Cerebral vascular acc	ident	1 month
9. Birthplace	Virgini (Town	a, county, and	ntate)	Due to Arteriosclerosis,	generalized	indefini
1D. Usual occupation	Retired	farmer	¢			***
11. Industry or business	Farm	dilline:	ercus TOTAL	Due 10		***
		Reedy		Other conditions Senile psycho	sis	6months
13. Birthplace	Virgini	a				
W			zer	(Include pregnancy within 3 n		
	Virgini		7.52	Major findings of operations. Multiple skull; cerebral	atrophy of opl	the
			rds	Autopsy results		
Address	Catonsv		Maryland	22. VIOLENCE: If death was due to external cau	see fill in the following:	
17. Burial. (Burial, cremation, or a	************************	. Date ther	eef (nonth) (day) (year)	Accident, suicide, or homicide,		
(Burial, cremation, or a						
Cemetery or crematory			emetery	Where did injury occur?	(County)	(State)
Location Sana	ge M	angla	ed	Injured at home, farm, industry, public place (wh	ere?)	
18. Funeral director			(day)	Means of Injury	Injured at work?	
				Douber Jun	-	
Address dance	le, Ma	uglan	of and a	23. SIGNATURE Isadore Tuerk	. MaDa	
5/dlue		1 2	rankshilen	23. SIGNATURE	M. D	or other
19. (Date rec'd by registr.	19		Registrar	Address Catonsville-28,	Maryland signed	5-4-48



WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

### MARYLAND STATE DEPARTMENT OF HEALTH

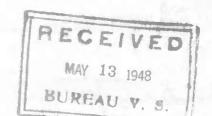
2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

04763/

CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:  County	City or town	write RURAL and give nearest town)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	tiv	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
F. W. Single	2D, DATE OF DEATH May 3	19. H. S. at 4 A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above	
7. Birth date of	and that I last saw head alive on	7 7 194
deceased (mo., day, yr.) . Luguest. 31, 18/3	Immediate cause of death	OURATION
8. AGE: Years Months Days If less than one day	Cardin Vascular	V Dib
9. Birinplace (Town, county, and state)	Due to	
3		
10. Usual occupation.	Due fo	
H 12. Name Stellinge Ritter	Other conditions	
	(Include pregnancy within 3 me	onths of death)
14. Maiden name. And Sand	Major findings of operations	
≥ 15. Birthplace MM.		Date of op
16. Informant Mrs. David Kelly	Antopsy results	***************************************
to a lint wal	PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
Address Randallstours, Ma. 5, 1948	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	
17. (Burial, cremation, or removal, Which?)  Date thereof (mooyin) (day) (year)		
Cemetery or crematory	Where did injury occur?(City or town)	
Location Authorate, Ballo Co., May	Injured at home, farm, Industry, public place (who	injured at work?
18. Funeral director	Msans of Injury	milated at work?
Address , Aufewillen med	23. SIGNALURI TON E. 11	Partie
19. 574 1998 Mrs. E. Mattys (Wate red by registrar) 1998 Mrs. E. Mattys Registrar	Paud allatana	M. D. or other M. D. Date signed 2/4/48



WITH UNFADING INK. Supply every item of information carefully. Ine important. Physicians: please write the causes of death clearly and legibly

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH		al +imo	***	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
				state Maryland c		
City or town(If outsi	de city or town	limits, write	ille RURAL and give nearest town)			
How long in above place of d	leath? 5 yea	rs, 4	months, 17 days	City or town	its, write RURAL and give ne	arest town)
Hospital, institution, or stre	et address where	death occurre	d:	Street No. White Plair	s, Billingsley	P.O.
			spital	(If rural, give	ve LOCATION)	
	titution?5y	ears,	months, 17 days	2.(a) It veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
	James N	lilburn	Robey			
4. Sex 5.	Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
male	white	15 1	widowed	20. DATE OF DEATH May 23	10 118	18:25 n
6.(b) Name of husband or v	8.2.2	u T	0	21. I CERTIFY that death occurred on the date a		
6.(b) Name of husband or v	rife	U.Gka	G0X	January 6		
7. Sirth date of			(c) It alive, give ageyears	and that I last saw himalive on		
deceased (mo., day, yr.)	Aug	ust 27	, 1861	Immediate cause of death		
8. AGE: Years	Months	Days	tf less than one day	Right broncho pne		
86	8	26	hrsmin.	Cerebral thrombos		
9. Birthplace	Maryl	and and	atate)	Due to Arteriosclerotic		
10. Usual occupation	_					
	Farm	/ <b>_</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Due to Generalized arter	ciosclerosis	
11. Industry or business		ore Ro	bey.	Other conditions		
12. Name	Maryl					
×	0		llet	(Include pregnancy within	8 months of death)	
14. Maiden name			<u> </u>	Major findings of operations	***************************************	
15. Birthplace	Maryl				Date of op	
16. Informant	Hospi	tal re	cords	Autopsy results	114 4 4 4 4 114 1 4 1 1 1	-t-t
Address	Caton	sville	-28, Maryland			statisticany.
" Burial		Note the	reof may 26-1941	22. VIOLENCE: it death was due to external c		
(Burial, cremation, or	removal Which	7	month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	W. 0	au	oun.	Where did Injury occur?(City or town)	) (County)	(State)
Location 130	iden	, her		injured at home, tarm, Industry, public place (	(where?)	
/4	und	+ 18 4	low	Means of injury	Injured at work?	
18. Funeral director	1.16	4	<b>4</b>	Dodne	Jul	
Address CO acc	( True	no.	(e 11	23. SIGNATURE Isadore Tue		
19 5- 24	19 48	- 1/	EHarry		A A	or other
(Date rec'd by regist	rar)		Registrar	Address Catonsville-28,		5-24-48



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No. 41
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?  Hospital, institution or street address where death poccured:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long in hospital or institution?	3. (b) Social Security Number
John G. Rose	o. (c) Social Security Hamsel
4. Sex 5. Color or race (Ca) Single, married, widowed, or divorced  W. Sex Solor or race (Ca) Single, married, widowed, or divorced	20. DATE OF DEATH PAYS 1948 21 449 M
6.(b) Name of husband or wife. Mary M. Closs.  6.(c) If alive, give ageyears	2) TOPRTIFY that death occurred on the date above stated; there attended degrased from 19.4 8
7. Birth date of deceased (mo., day, yr.) Sanuary 10, 1898	and that I last saw h Malive on 1944.
8. AGE: Years Months days It less than one day 3 28min.	Caner of Left Ling - 18 mos.
9. Birthplace (Town, county, and state)	Due to Churchy Butastans
11. Industry or business Belleleharen Steel Co-	Due fo
12. Name Samuel Rose  13. Birthplace & 200 April 200 Apr	Diher conditions
13. Birthplace balenoslovakla	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace Mach M. Rose	Date of op.
1011 TIME DOWN Quedalle	Autopsy results
Address 8 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10	22. VIOLENCE: tf death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory. Sacreta Neart of Mary	Where did injury occur?
Location Lesselaw Hell Asga, Color Co.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address 2//2 Hundalle We.	23. SIGNATURE M. D. ST OFFISE
19. M. (Date ree'd by registrar)  (Date ree'd by registrar)	Address Dunday CVV - Date signed 18/48



Sorrect age

## 9-45-15M VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 HOURS DECIDENCE (LICAME) OF DECEASED.

### CERTIFICATE OF DEATH

1. PLACE OF DE	Ain:			(For newborn infants give residence of mother)	
County Baltimore Towson				State Md. Couoly Baltimore	
Cily or town				City or town Towson (If outside city or town limits, write RURAL and give nearest to	
How long in above place	e ot death? 50 Q	ays	•		wn)
Hospital, Institution, or	r street address where	geath occurred		Streel No. 8512 Willough Oak Rd.	***********
How long in hospital o	r Institution?			2.(a) If veteran, name war	***********
3. (a) FULL NAM	E			3. (b) Social Security Number	er
	I	ouise	Rumpf		
4. Sex	5. Color or race	8.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	The state of
Female	White	W1	dowed	2D. DATE DF DEATH	
& (h) Name of husband	or wife Chatel	es A.	Rumpf	21. I CERTIFY that death occurred on the date above etated; that I attended deceased fro	
			e) If alive, give ageyear	19.	
7. Birth date of				and that I last eaw halive on	
deceaeed (mo., day,		Daye	It less than one day	Ambiection and the control of the co	DURATION
7.	***************************************	28	hrs min	Myseard, Mugrenay	WW
				The mindey celly	
9. Birihplace	Baltimore	county, and	tate)	Due to.	2400.
1D. Usual occupation.	at ho	me		Due to	
11. Industry or bueine	\$\$				
当 12. Name J.	acob Heis	er		Dther conditions College Cypelles ,	
13. Birthplace	German				
14 Malden name				(Include pregnancy within 3 months of death)	
14. Malden name	German	V		Major findings of operations.  Date of op.	
Ger	orge Rum	f		Antoney comits	*************
	2 N.Reges			PHYSICIAN: Please underline the cause to which death should be charged statistic	cally.
			, ,	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation	n, or removal. Which	Date ther	eof. 5/18/48 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremal	lory Balti	more		Where did injury occur?	ie)
Location Nor	th Ave &	Rose	St.	Injured at home, farm, Industry, public place (where?)	
42.5	Clarence	F. Hof	fmann	Meens of Injury Injured at work?	- 10
18. Funeral director Clarence F. Hoffmann Address 1639 Broadway.			j	July Jouer 1	4
man	18 XF		2.0. Hedrus	23. SIGNATURE M. D. or other	1-/-
19. (Date rec'd by r	egistrar)	/V	DARegistra	Address 156 M. Mellerghit Date signed 5	444
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### PLEASE A15

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

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	Reg. Dist. 140	************
1. PLACE OF DEATH:  County  City or town  (If outsyde city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where down occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	wn)
3. (a) FULL NAME	3. (b) Social Security Number	er
4. Sex 5. Color or race 6.(a) Single, married, wislowed, or divorced	MEDICAL CERTIFICATION  20. DATE DE DEATH 94 ay 25 19.48 21 /2	zye P.
6.(b) Name of husband or wife. Benjamin J. Russell  7. Birth date of deceased (mo., day, yr.) Qua, 17 - 1861	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.7. to May 2.5.  and that I last saw h alive on May 2.5.	19. 4. 8 19. 4. 8
8. AGE: Years Months Days It less Ihan one day  8. Birthplace		DURATION  September 1
1D. Usual occupation	Due to Cirtura - Sclarosis 8-	gro
12. Name Sto. Colorson  13. Birthplace St. Marys Co.	Other conditions (Include pregnancy within 3 months of death)	
14. Maiden name Casolina Fuguson 15. Birthplace Hashington, D. C	Major findings of operations.  Date of op.	
Address Hagonic Jone, Colleganile  17. Buttal (Burial, cremation, or removal, Which?)  Date thereof. May, 28 - 48 (month) (day) (year)	Autopsy results	
(Burial, cremation, or removal, Which?)  Cemetery or crematory.	Where did Injury occur?	
18. Funeral director Ama Carha Address St. Basel + Preston St.	Means of Injury Injured at work?  946 Ptay J House M. D.	
19. May 26 - 19 48 L.M. Schweder Registra	23. SIGNATURE M. D. or other  Address Collegeville M. D. Date signed 5. 2.	5/48



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(Date rec'd by registrar)

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Baltims (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 23 years (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 213-07-0234 4. Sex 5. Color or race 6.(a) Siegle, married, widowed, or MEDICAL CERTIFICATION marrie 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from S.(c) It alive, give age 7. Birth date of 880 marc deceased (mo., day, yr.) DURATION 8. AGE: Months Days It less than one day (Town, county, and atate to. Usual occupation 11. Industry or business 12. Name..... t3. Birthplace (Include pregnancy within 3 months of death) t4. Malden na 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. Leve 22. VIOLENCE: If death was due to external causes, fill in the following; Date hereof May 18/44 (mogth) (day) (year) Accident, suicide, or homicide. (Burial, cremation, or removal, Which?) Whera did lalury occur? ..... DO ary (City or town) (County) (State) Injured at home, 1arm, Industry, public place (where?) ..... Means of Injury Injured at work?

Registrar

PLEASE.

VS

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland  County. Baltimore  City or town. Raspebling. Md. (If outside city or town limits, write RURAL and give nearest town)  Street No. 1608. Ridg.eway. Ave. (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number 216-01-3576
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH May 20th, 19 48 213:10 M
6.(6) Name of husband or wife Clara E. Schiller  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) Nov. 13th, 1885	21. I CERTIFY that death occurred oo the date above stated; that lattended deceased from  48 to 48 to 19  and that I last saw h. 1 alive on 4 19  Immediate cause of death.  DURATION
8. AGE: Years   Months   Days   If less than one day	Immediai cause of death aclassed uses
9. Birthplace Baltimore County, Md.  (Town, ecunty, and state) Machinist  11. Industry or business Murrill Keizer Employee Co.  12. Name Bernhardt Schillen  13. Birthplace Baltimore, Md.	Due to
14. Maiden name Add O. Schiller  15. Birthplace Baltimore, Mrs. W.C. Schiller	(tinclude pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address 4608 Ridgeway Ave.  17 burial Date thereof 5/22/48  (Mark) was the Granwal Which?	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Commetery or crematory Moreland Memorial Park Baltimore, Md.	Where did injury occur?
18. Funeral director Lassache Fune Stone  Address 7/101 Belair Rd.  19. 5/21  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24  19. 6/24	Masons of Injury Injured 21 work?  23. SIGNATURE Clause Seevis  M. Daor other  Address 6 232 Belover Grave Date signed Over 20, 1947

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County
City or town. Catons ville-28 (If outside city or town limits, write RURAL and give nearest town)	Paltimous
How long in above place of death? since November 17, 1938	City or town
Hospital, institution, or street address where death occurred:	Street No. 3809 Ridge croft Road
Spring Grove State Hospital	(If rural, give LOCATION)
How long in hospital or institution? Since November 17, 1938	2.(a) If veteran, name war.
3. (a) FULL NAME SCHNEIDER	3. (b) Social Security Number
Catherine SAZDER	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. Widowed	20. DATE OF DEATH. May 15, 1948 19 315, 35 P M
001000	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8, (b) Nama of huaband or wife Hobert a. Schneider	
7. Birth date of	
deceased (mo., day, yr.) 7/5/1869	and that f last saw halive on
8. AGE: Yeara   Months   Days   If less than one day	Immediate cause of death
78 10 10hrsmin.	Cardin Factoria
3633	
9. Birthplace Maryland (Town, county, and atate)	Duo fo
10. Usual occupation Housework	
	Oue to Out du Vusteria una
11. Industry or business	
12. Name William Franke	Dther conditions
	(Include pregnancy within 3 months of death)
單 14. Maiden name Caroline Misoler	
14. Maiden name Caroline Misoler  15. Birthplace Germany	Major findings of operations.
77 91 9	Date of op,
16. Informant Hosital records	Antopsy results
Address Spring Grove State Hospital	
17. Ourial Date thereof 5- 19-48 (Burial, cremation, or removal, Which) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following:
	Accident, suicide, or homicide
Cemetery or crematory	Whera did injury occur?
Location 3310 Jaylon, ave	Injured at home, farm, industry, public place (where?)
18. Funeral director WM. Cook Jus.	Maana of Injury Injured at work?
and the on the	Of I Was deepfled
Address 1217 St. Paul St.	23. SIGNATURE Level My Cieffer Excum Bell
19. (Date see'd by registrar)	Address 1010 Leeds and Dato signed 5-15 4

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist. No. 49

						7
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DI (For newborn infants give residence of motif	ECEASED:	
County Baltimore						
City or town Fort.	Howard	limite prite	RURAL and gi : nearest town)	StateMaryland County	6 :C.T. 1 T.	
How long in above place of death?				City or townBaltimore		
Hospital, institution, or	street address when	re death occurre	d:			
			Howard Maryland	Street No. 2905 E. Baltimore S	t	,
				2.(a) If veteran, name war WW II		
3. (a) FULL NAME		Der J. S.				
3. (a) FULL NAME					3. (b) Social Security	Number
	WILL	TAM P.	SCHORN e, married, widowed, or divorced	2	16-05-9063	
4. Sex				MEDICAL CERT	TIFICATION	10:11
Male	Whit	e Ma	rried	25		
1.44		1		20. DATE OF DEATH		
			s Schorn	21. I CERTIFY that death occurred on the date above sl		
		6.(	c) If alive, give age	April 12 1948		
7. Birth date of	2/1.	/1900	, , , , , , , , , , , , , , , , , , , ,	and that I last saw himalive on	2]	148
deceased (mo., day, y	Months	1900 Days	if less than one day	Immediate cause of death Gastric neo	plasm with	DURATION
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ulceration and hemorrha	ge.	.1 mo
47	10	17		<u>.</u>		กในร
9. Rirtholace Bal	Ltimore C	ounty.	Md state)	Ove to The neoplasm was	· Cancerous	,
	(Tow	n, county, and	state)	3.0	clast	
10. Usual occupation	Insurance	e		Pun An	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11. Industry or business				Due to	····	
		2020		NT		
		(c.6)		Other conditions None	***************************************	***************************************
				(Include pregnancy within 3 month	os of death)	
14. Maiden name	Regina	Pfaff		Major findings of operations		
E 15. Birtholace	aryland					
				••	7	
			ets. Adm. Hospital	Autopsy resultsNONO		
Address F	ort Howa	rd, Mar	yland			otherwise and
(Burial, cremation, or removal, Which?)  Oate thereof May 24 1948  (moth) (day) (year)		22. VIOLENCE: If death was due to external causes,	4 4	ART		
17 burial Date Ihereof 194 (Burial, cremation, or removal, Which?)		Accident, suicide, or homicide				
Cemetery or crematory. Greenmount Cemetery		Where did injury occur?(City or town)	(County)	(State)		
Location Greenmount Ave., and Oliver St.		Injured at home, farm, industry, public place (where?)	,			
				Means of injury	injured at work?	
18. Funeral director		means of mjury	INJUISO NE WOLKE			
Address 3000	E. Baltin	more &	Potemac St.	1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2		
			0 11/1	23. SIGNATURE HE Communical		
19. May 20.19. P. U. W. Hessush (Date rec'd by registrar) 8 Registrar		Hand MANAUGH, M. Day CI	nf. Prof. Se	731/1.8		
(Date rec'd by reg	istrar)		Registrar	Address VAII FU. HOWAI'U, MAI	Date signed	7/21/40

# WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Ballbimore	State Maryland County Baltimore		
City or town	City or town		
How long in above place of death? 21 days			
Hospilal, institution, or street address where death occurred:	Street No.		
Spring Grove State Hospital	(If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number		
How long in hospital or institution? 21 days			
3. (a) FULL NAME  John Milton Schwatka			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Markied	20. DATE DE DEATH	8:05	
6.(b) Name of husband or wite Emma O. Schwatka	21. I CERTIFY that death occurred on the date above stated; that I attended dece		
	April 30 19 48 10 May 21, 19 48		
7. Birth date of	and that I last saw him alive on May 21, 1948 19		
deceased (mo., day, yr.)  September 1, 1870  8 A.C.F. Years   Months   Days   If less than one day	Immediate cause of death	DURATION	
8. AGE: Years Months Days If less than one day 77 8 17hrsmin.	Arteriosclerotic heart disease	Indefini	
9. Birthplace Baltimore. Waryland (Town, county, and state)	Due to. Generalized arteriosclerosis	01	
10. Usual occupation Painter	77		
11. Industry or business Por Sell	Due to	•	
	disease		
	Dther conditions	***************************************	
	(Include pregnancy within 8 months of death)		
14. Malden name Caroline Maize	Major findings of operations		
15. Birthplace Towa			
16. Informant Hospital records			
Address Catonsyille, 28, Md.	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Burial, cremation, or removal, Which?)  Bate thereot. 5 2 4 48 (month) a(day) (fear)	Accident, suicide, or homicide	•••••	
Cemetery or crematory Wansh Cometant	Where did injury occur?		
of heart 1			
Location Long Dreen Rd (Balto Go)	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director to have of Cowan & Son	Means of Injury  Sculus True  tnjured at work?		
Address 1 11-0 3 Modollins St	OSCUM		
17.	23. SIGNATURE ISAdore Tuerk, - In D. M. D. or other		
19. May 2 419 48 a. W. Hefrich Registrar	Address Ca onsville, 28, Md. Dato signed.		
(Dust 100 a b) beginning	ABBICSS	ALTERNATION OF THE PARTY OF THE	

DURATION

### 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland county Baltimore  Raspeburg, Md.  (If outside city or town limits, write RURAL and give nearest town)  Street No. 11 Cliftwood Ave.  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME  ARTHUR M. SCOTT, Sr.	3.(b) Social Security Number 219-18-0916
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife Wanda C. Scott  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) Feb. 17th, 1886	
8. AGE: Years   Months   Days   If less than one day   62   2   26	Immedia: cause of death
9. Birthplace Raltimore, Md. (Town, county, and atate) tD. Usual occupation. Huckster  1t. Industry or business	Due to Cerron Disease 7-2
t2 Name Wm. W. Scott.  13. Birthplace Baltimore, Md.	Other conditions (Include pregnancy within 3 months of death)
t4. Maiden name Florence Lovery  t5. Birthplace Baltimore, Md.	Major fiadings of operations.  Date of op.
t8. Informant Mrs. A.M. Scott, Sr Address 11 Cliftwood Ave.	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically
burial 5/17/48  (Burial, cremation, or removal. Which?)  Cemetery or crematory Baltimore	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Baltimore, Md.	tnjured at home, farm, Industry, public place (where?)
18. Funeral director Lassach Funes None Address 7401 Belair Rd.	23. SIGNATURE Square M. D. or other
19 Mare 14 19 4 & Trac Q L Reifsmiles Registrar	Address M. Julen and Date signed 5.

WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

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					750	Reg. Diat. No	******
1. PLACE OF DEATH:  County			2. USUAL RESIDENCE (HOME) O	F DECEASED:			
			State Maryland Con	unty			
			City or town Baltimore (If outside city or town limit	s, write RURAL and give ne	arest town)		
Hospital, institution, or street address where death occurred:  Vets. Adm. Hospital, Ft. Howard, Md.  How long in hospital or institution? Approx. 12 hrs.					Street No 7. E. Montgomery. (If rural, give		
3. (a) FULL NAME			· ·		•	3. (b) Social Security	Number
CLARENCE	W. SHAKES	SPEARE				Unknown	
4. Sex	5. Color or race	6.(a) Sing	ie, married, widow	ed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Sin	igle		20. DATE OF DEATH May 1	1948	12:45P
7. Birth date of		6.	(c) It alive, give ag	zeyears	21. I CERTIFY that death occurred on the date ab  App 11 30	ove stated; that I attended deco	220ed trom
deceased (mo., day, y		er 23,	1899	ana day	Immediate cause of death. Pulmonary	Emphysema	OURATION
8. AGE: Years	5	8	triess man		Atalectasis, & Edema Cause unknown		12 Hrs.
9. BirthplaceBs 10. Usual occupation 11. Industry or business	unemploy				Due to		
		nakespe	are		Other conditions Passive conges	tion of	. Unknown.
H 14. Malden nameAmelia Lees			Viscera Hydrothorax (Include pregnancy within 3 Cardiac Dilatation & H Major findings of operations.	Ascites. months of death) lypertrophy.			
15. Birthplace	Maryland				Date of op.		
16. InformantCl	inical Red			im Hosp	Autopsy resultsSubstantiate PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
17 BURIAL Date thereof 5 4 48 (Burial, cremation, or removal, Which?)			22. VIOLENCE: It death was due to external ca	Date of			
Cemetery or crematory Loudon Park Cemetery			Where did injury occur?(City or town)				
Location Fred	erick Rd.	Balto	, Md.		Injured at home, farm, Industry, public place (w		
1B. Funeral director	John R	Dennx	<i>ī</i>		Means of Injury Th. The Shack	Injured at work?	
Address Light & Montgomery St. Baltimore, Md.		M. Th Africa 23. SIGNATURE W.W. Shacklett	t, M.D.	or other			
19. 5 4 19 4 8 A.W. Medick (Date ree'd by registrar) 9.5 Registrar							

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Saltimore 54

### CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dalle - No	State MARYLAIN & County Balto -
(If outside eity or town limits, write RURAL and give nearest town)	City or town (If outside city or town limite, write RURAL and give nearest town)
How long in above place of death?	01
HOSPITAL, INSTITUTION, OF STREET AUDIESS WHERE BEATH SCENIFICS.	Street No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
EMENT PARKER OF	EARP 12
4. Sex 5. Color or sace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 3.
Male While Dugle	2D. DATE OF DEATH 17 A Y 9 19 US at 12 10 N
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1847 to MAY 1849
7. Birth date of deceased (mo., day, yr.) MARCK 16-1941	and that I last saw h. / M. slive on
8. AGE: Yeara   Months   Days   It less than one day	Immediate cause of death
7 / 23hrsmin.	
8. Birthplace	Dua to
1D. Usual occupation 177 - School	Due to.
11. Industry or business	036 10
12. Name ALFRED & Sharp  13. Birthplace MARYLAND	Other conditiona
13. Birthplace MARYLAND	(Include pregnancy within 3 months of death)
14. Maiden name MARY & BULLEY  15. Sirthplace  PA.	Major findings of operations Mahaguan Breun tremon
≥ 15. 8irthplace	Date of op.
16. Informant Ph. facd & Sharp	Actors results
Address Phancot . Md	22. VIOLENCE: If death was due to external causes, till in the following:
(Burlai, cremation, or removai, Which?)  (Burlai, cremation, or removai, Which?)	Accident, suicide, or homicide
Cemetery or crematory Loudan Park	Where did injury occur?
Location Baltimore Md	Injored at home, farm, industry, public place (where?)
F7 B 111.16001 4 8.1	Means of Injury Injured at work?
	0, 9,
Address 1000 621 4810 11617	23. SIGNATURE M. D. Opening
19. May 1/ 19 Y ( Cylin red by regative) 19 Registrar	Address Farlilan, med Date signed 1/10/48

PLEASE WRITE

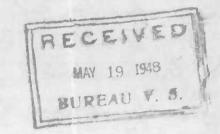
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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

35 Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dalling	(For neyborn infants give residence of mother)
the Karan	State County / Jacking
(If outside city or town limits, write RURAL and give nearest town)	1-1-11 1 P. 1
How long in above place of death? 65 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	(If rural, give LOCATION)
How long in hospilal or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
CO. D.	
Callence Vearpropul	Thew NONE
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 30
2.0 6.0	
mou we sugge	20, DATE OF DEATH Nay 12 19 48 at 3 A
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
0,(0) Name of nuspana of wife	Jan 19 48 10 luay 12 19 45
6.(c) tf alive, give ageyears	//-
1. Birth date of deceased (mo., day, yr.) February 22/882	and that I last saw b / Jalive on
	Immediaic cause of death
	1 Syster tensine C. V. Henous
66 2 21hrsmin.	
11/62	
9. Birthplace (Town, county, and state)	Due to.
For a larger	,,
10. Usual occupation taum darbover	Due to
11. industry or business	<b>34</b> (0
12. Name Moses Shaw 13. Sirthplace Pa	Dther conditions
13. Birthplace Pa	
of the I have delichers	(Include pregnancy within 3 months of death)
14. Maiden name Stauch may Saluly	Major findings of operations
E 15. Birthpiace Pa	Date of op.
16 Isterna Walley Show	pate of op.
16. Informant Walley Shaw	Autopsy results.
Address while Itall had	PHYStCIAN: Please nuderline the cause to which death should be charged statistically.
<i>b</i> 7	22. VtOLENCE: if death was due to external causes, fill in the following:
17 Dune Date thereof May 15-1978	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
1. Thule Hall Rusal	tnjured at home, farm, Industry, public place (where?)
Location	
19 Europal director toward & markling	Means of Injury Injured at work?
0 0 11 . 01 7 1	
Address While Italy had	1 /2 7 mouse
no ill ich al ich a	23. SIGNATURE M. D. or other
19 may 17, 19 48 Thus Johnson S. Max	the folto
(Date rec'l by registrar) Registrar	Address Date signed Date signed



1. PLACE OF DEATH:

How long in above place of death?.... Hospital, institution, or sirest address whan

3. (a) FULL NAME

8.(b) Name of huaband or wife.

8. Birthplace BALT

10. Usual eccupation.....

15. Birthplace

18. Funeral director

(Date rec'd by registrar)

4, 3et

7. Birth date of deseased (ma., day, yr.) Years

8. AGE:

How long in hospital or institution?.....

5. Color or reca

Months

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No.
limite, write BURAL and give nearest towns  12 KENSINGTON RD  a death apquired:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (if outside city or town limits, write RURAL and give negreest town)  Street No. 42/2  (If rural, give LOCATION)  2.(a) If veteren, name wer
CHARLES E.	5 HEEHAN JR. 3. (b) Social Security Number 213-03-0745
e.(a)single, metrice, widowes, or sivoroes	MEDICAL CERTIFICATION  5-//6 1948 at 1848
BESA M SHEEHAN  1/13/1889  Baye It loss than and day  3 hrs. min.  CEMAN  CINTING FIBL. Co.  SHEEHAN  ALTO, MD.  Y ANN DOLAN  LTO, MD.  E. SHEEHAN JR.	21, I CERTIFY that death occurred on the data above stated: that I attended deceased from    10
Bale thereof 5/19/(day (year)  Ca+Hedral	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Tickver + Sons	Injured at home, farm, Industry, Bubile place (where?)  Means of Injury  Injured at work?
+ Aw Hedrust	23. SIGNATURE albut Scagnett M. D. or other

WRITE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

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Procedall Doe said 724/16

CERTIFICAT	Reg. Diat. No.
County	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County Caltinums  (If outside city or town limits, write RURAL and give nearest town)  Street No. 25/5  (If rural, give LOCATION)  2.(a) It veteran, name war.
Gary Hanne	Short. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, magried, widowed, or proceed  Male While Single.	MEDICAL CERTIFICATION  2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day	and that I last saw h alive on 19.  Immediate cause of death DURATION
9. Birthplace Balto. Co. Barrers Pond  (Town, county and atate)	Due to.
11. Industry or business  12. Name Clark Short,  13. Birthplace Oleydenin W. Va,	Due (1) Dither conditions  (Include pregnancy within 3 months of death)
14. Malden name Shirley Payae 1  15. Birthglace Clanken in Mr. Va.	Major findings of operations.  Date of op.
16. Informant  Address  Address  17. Burial (Burial, cremation, or removal, Which?)  Date thereof May 2.5, 1948 (mg/th) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Jeras madisher Country House  Location Madisher Madish	Whera did Injury occur?
19. Man 24- 1948 Dawsom L. Hashn (Date recision registrar)	23. SIGNATURE MORAL MADOR other  Address Mally Made Saed 78.4/6



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

13 P Reg. Dist. No. .... 32.

1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:	
City or town.  Mount Wilson (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 4 yrs., 0 mos. 1 day  Hespital, institution, or street address where death occurred: Mt. Wilson  Branch, Md.T.B.Sanatorium				(If rural, give	ty Write RURAL and give near Street	rest town)
		s., 0	mos., l day	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM		Josep	h Sickoria (Si	ckora)	3. (b) Social Security 1 217-18-94	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	S	ingle	20. DATE OF DEATH. May 5,	1948	at.6:55P W
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date ebox	re stated; that I attended decea	sed from 19.48
deceased (mo., day, )		Days	1924	Immediate cause of death		DURATION
8. AGE: Years 22		20	hrsmin.	Pulmonary Tuber	rculosis	6 yrs.
s. Birthplace Trenton New Jersey  10. Usual occupation Factory-Machine Operator				Due to Tubercle Bacili	<b>.</b>	***************************************
11. Industry or business				200 10		
				Other conditions Tuberculous	Larymoitis	l yr.
12. Name Mi	Poland		4			
14. Malden name Julia Shorber 15. Birthplace Poland				Tuberculous Enterit Tuberculous Otitis Major fuddings of operations	Media,	4 mos.
16. Informant Erwin Joseph Sickoria  Address 311 S. Madeira St., Balto., Md.				Antopsy results	ich death should he charged :	000000000000000000000000000000000000000
Burial (Burial, cremation, or removal, Which?)  Date thereof May 10, 1948.  (month) (day) (year)					Date of	
cemetery or crematory. Sacred Heart Cemetery.				Where did injury occur?(City or town)	(County)	(State)
Location German Hill Rd., Balto., Md.				Injured at home, farm, lodustry, public place (wh	iere?)	
18. Funeral director Dipple Bros.				Means of Injury	injured af work?	
Address 1800 E. Lombard &t. Balto. Md.				23. SIGNATURE Stewart S	Shaffer	mD.
19. May 5. 1948 DO GALAA Reservar				Address Mt. Wilson, Md	M. D. o	/5/48

minutes by a rotate of the community of

THE REAL PROPERTY AND ADDRESS OF THE PARTY O

RECEIVED MAY 11 1948 BUREAU V. S.

ATTENDED THE PROPERTY AND RESIDENCE

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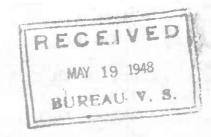
MARYLAND STATE DEP.	ARTMENT	OF	HEALTI
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2411 N. Charles St., Baltimore

TH 1700

# CERTIFICATE OF DEATH

I. PLACE OF DEATH:  County Baltimore  City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Hanover Road—I mi N. of Reis  How long in hospital or institution?  3. (a) FULL NAME  Robert Harry Smith	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County  City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 213 N. Pine St. (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number	*******
4. Sex   5. Color or race   6.(d)Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. May 15	45A.m
6.(b) Name of husband or wifeMaggie P. Smith  6.(c) It alive, give age years  7. Birth date of deceased (mo., day, yr.) Feb. 16, 1920	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-15-48 is to 5-15-14 and that I last saw h. im. alive on not seen alive immediate cause of death.	
8. AGE: Years Months Days If less than one dayhrsmin.	Fractured Cervical Vertebra Ins	tant
9. Birthplace Baltimore City (Town, county, and state)  10. Usual occupation Loborer  11. Industry or, business  12. Name Albert Smith	Lacerations of eyebrow, scrotum, rt. arm & chin Ins Due to	tant
13. Birthplace Md.  14. Malden name Marie Brown  15. Birthplace Md.	(Include pregnancy within 3 months of death)  Major findings all aperations	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide	48 l mi. is.



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(Date rec's by registrar)

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Baltimore State Maryland ..... County Raltimore city or town Randallstown Randallstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... Hospital, Institution, or street address where death occurred: Migans Road (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number None Annie Stacev Smoot 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION Widow 6.(b) Name of husband or wife Frank Smoot 7. Birth date of April 26,1869 deceased (mo., day, yr.) DURATION Months If less than one day 8. AGE: Virginia (Town, county, and atate) 10. Usual occupation At Home 11. Industry or business 12. Name Unknown 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden nar 15. Birthplace 14. Maiden name...... Major findings of operations..... 16. Intermant Mrs. Roy Meekins PHYSICIAN: Please underline the cause to which death should be charged statistically. Randallstown, Md 22. VIOLENCE: If death was due to external causes, flil in the following (Burial, cremation, or removal, Whieh?) Date thereof... Accident, aulcide, or homicide..... Where did injury occur? .....(City or town) Mt. Olive Cemetery or crematory ...... Randallstown, Md. Injured at home, farm, Industry, public place (where?) ..... injured at work? 18. Funeral director. F.C. Higinbothom Ellicott City.Md. Address M. D. or other

Registrar



1. PLACE OF DEATH:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Diat. No.

County Overlea				(For newborn infants give residence of mother)	
Reltimone				Siate Maryland County Overlea	***************************************
City or town (If outside city or town limits, write RUKAL and give nearest town)			RAL and give nearest town)	City or town	
How long in above place of	death?				
Hospital, Jostitution, or st 7548 B	elair Ros	th occurred:		Street No. 7548 Belair Road (If rural, give LOCATION)	
How long in hospital or in	nstitution?			2.(a) If veteran, name war	
3.(a) FULL NAME Henry H. Sparr			ry H. Sparr	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single.	married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white		married	2D. DATE DF DEATH May 2nd. 19 48	,al // A.
6.(b) Name of husband or	wife Emm	na M.	Sparr	21. I CERTIFY that death occurred on the date above stated; that I attended dec	
			It alive, give ageyears	Jan 19 73 to keay	
7. 8irth date of	Manak			and that I last saw h. La alive on leage /	19 %
deceased (mo., day, yr.)  8 AGF - Years	Months	Days	tf less than one day	Immediate cause of death	
8. AGE: Years 73	1	21	brsmin.	Cornary Throntonia	100
0 Disthalage	Phila.	Pa.		Due to	
9. Birthplace Phila, Pa. (Town, county, and state)			ate)	artour du otic Cardio	
1D. Usual occupation. Retired				Due to Ulas culan chie lave	111
31. Industry or business					
E 12. Name Adam Sparr				Other conditions	
National Switzerland					
				(Include pregnancy within 3 months of death)	
14. Maiden name?				Major findings of operations	
15. Birthplace ?				Date of op	
16. Informant	rs. Emma	M. S	parr	Antopsy results.	
Address 7548 Belair Road			ad	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Burial Burial Date thereot 5-5-48			5-5-48	22. VIOLENCE: tf death was due to external causes, till in the following:	
			(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory.			wood	Where did injury occur?	(State)
Location Baltimore			imore	Injured at home, farm, industry, public place (where?)	
18. Funeral director	Leonar	d J.	Ruck	Means of injury tnjured at work?	
			Road, #14	11	
Address	cood Hari	oru .	A) 0/ /-	23. SIGNATURE LANGE A. Groth M. D.	K.D.
18 1/4 1848 Musteling			1 W Helin	0 11 1 - 1/11	2/8/0
(Date reed by registrar)			Registrar	Address 100 / Tan and Date signed	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. M

MARGIN RESERVED FOR BINDING

9-45-15 M A15

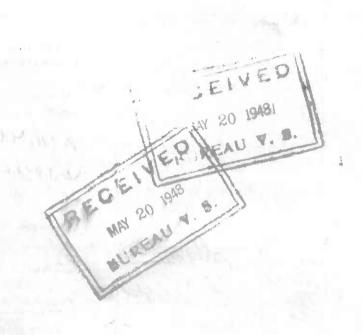
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH County  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOMÉ) OF DECEASED:  (For newborn Infants give residence of mother)  State		
4. Sex   5. Color or race   6.(a) Single, married, widogled, or divorced   1. Stagmer   6.(b) Name of husband or wife   1. Stagmer   6.(c) If alive, give age   1. Birth date of   1. Birthplace   1. Birthplace   1. Birthplace   1. Birthplace   1. Industry or business   1. Industry or business   1. Industry or business   1. Industry or business   1. Birthplace   1	20. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 10. 18.  and that I last eaw h. 200 18.  Immediate cause of death.  DURATION  But to.  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Antopsy results. PHYSICIAN: Please underline the cause to which death abould be charged statistically.  22. VIOLENCE: If death was due to externat causes, fill in the following:		
11. (Burial, cremation, or removal, Whigh?)  Cemetery or crematory  Location  18. Funeral director  Address  Mouth of funeral director  (Date rec'd by registrar)  Date thereof (mooth) (day) (year)  Company (part)  Date thereof (mooth) (day) (year)  Company (part)  Date thereof (mooth) (day) (year)  Company (part)  Company (part)  Registrat	Accident, eulcide, or homicide (City or town)  Injured at home, farm, Industry, public place (where?)  Wheane of Injury  23. SIGNATURE  Address  Date signed		



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Diat. No.

. //	Reg. Diat. No.
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For personn lofacts give residence of mother)  State  City or town  (If outside city or town limits, write REAL and give nearest town)  Street No.  (If rural, give LOGATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Oxoline D. Stausen  4. Sex 5. Color or rack 6. (a) Single/marrier; widowed, or divorced  Temale Tile Misones	3. (b) Social Security Number  MODICAL CERTIFICATION  20. DATE OF DEATH  19  21  P.M.
6.(b) Name of husband or with sales J Stewsen Trucyes  T. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred withe date above stated; that I attended deceased from  19.4.1. to 19.4.8.  and that I last saw h
9. Birthplace (Towo, county, and state)  10. Usual occupation.  11. Industry or business (Towo, county, and state)	Due to. 15 yr
12. Name Visitary / loes.  13. Birthplace After many	Other conditions Cerulad Onto College 12 44  (Include pregnancy within 8 months of death)
14. Malden name Surtiamo Mannelle  15. Birthplace Slr many  16. Informant Manuelle  18. Unanguer State State State State  18. Informant State St	Major findings of operations
17. (Burial, cremation, or removal (Worth)  Cemetery or cremators  Address  Date thereof (month) (day) (year)  Cutting  Cemetery or cremators	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director. Sights Lamoreau	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
18. (Date rec'd by registrar)  Address 4 J / D / L Celly / Registrar  19. Registrar	23. SIGNATURE M. D. or other  Address

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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04792 Reg. Diat. No. .....

1. PLACE OF DEATH:  County Baltimore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or townFort Howard Maryland			State Maryland County County Raltimore		
How long in above place of death?			City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No1801N. Chapel St. (If rural, give LOCATION)  2.(a) If veteran, name war. WWII.		
3. (a) FULL NA		<b>V</b>	Z.(a) [] retelall, hame wal	3. (b) Social Securit	
J. (4) 1022 AM	FREDERICK				L12-14-0742
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Married	20. DATE OF DEATH MAY 9	19. 4	8 a6:31 P m
8.(b) Name of bushand of wife Irma Stein			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  April 23. 19.48., to May 9 19.48  and that I last saw h.im alive on May 9 19.48		
	ars Months	Days   If less than one day  hrsmin.	Immediate cause of death	CCIDENT	UNKNOWN
9. BirthplaceBaltimore, Maryland (Town, county, and state)  10. Usual occupationMail Carrier			Due to		
11. Industry or business  12. Name Frank Stein  13. Birthplace Baltimore, Maryland			Other conditions		
14. Maiden name Ethel Webster  15. Birthplace Baltimore, Maryland  16. Informant Clinical Records Vets Adm. Hosp			(Include pregnancy within 3:		
16. InformantClinical Records, VetsAdmHosp			Autopsy results	hich death should be charge	******************************
17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory. Oak Lawn Cemetery.			22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	(Connty)	(State)
tocation Eastern Ave. Baltimore, Md.			Meens of Injury	Injured at work?	
Address 3019 E. Monument St. Balto., Md.			23. SIGNATURE Joseph Alvar Address Ft. Howard, Md.	ez, MD M. I	), or other

# INSTRUCTIONS FOR MEDICAL CERTIFICATION

# WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

# DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

# DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

# DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

PLEASE

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No.
City or town	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Thomas Jefferson S	3. (b) Social Security Number
4. Sex hale 5. Color or race 6.(a) Single, married, wholeed, or divorced	2D. DATE DE DEATH 19.48 at 11 A. M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years' Months Days If less than one day	Immodiate suse of death Heart disease DURATION Chronic regular corning diese
9. Birthplace(Town, counts) and state)	Oue to.
11. Industry or business  12. Name Wedgel Sullivan	Due to
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiudings of aperations
Address Bradshaw Wed.  Derival May 26 1948	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removal, Which)  Cemetery or crematory  (Burial, cremation, or removal, Which)  (month) (day) (year)	Where did injury occur?
18. Funeral director. Clauser E. Cullury	Injured at home farm, Industry, public place (where?)
May 24 19 48 G. E. aithur	23. SIGNATURE SOLLY O. FUMM, D. or other  Address Towson W Date signed 12448
(Date rec'd by registrar) Registrar	Address Date signed Date signed

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

04796 Reg. Diat. No. 3F

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Balto	(For newborn infants give residence of mother)
	State Md County Salto
(If outside city or town limits, write RURAL and give nearest town)	OHV or town anny lig
low long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1005 Colaz Czegh Ra
	(If reral, give LOCAZION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Trace M. Lyon Jana	uan
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tample White Married	20 DATE OF DEATH MAY 18th 1048 12 a.
01	20. DATE OF BEATH
6.(b) Name of husband or internetice C. Vanuary	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
7. Birth date of	
7. Birth date of deceased (mo., day, yr.) Suff 32d 1890	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediaje crose of bath DURATION HE MANUS 3 Ex
57 8 15nrsmln.	
1 2 0+ 2010	The state of the s
9. Birthplace (Town, county, and state)	and the desired with the second
10. Usual occupation I House wife	& Qui 60 41 1 X2 1 10
0. 26-1	Due 16. Note that the state of
11. Industry or business Own Ports	-
12. Name Oliver Parker Oyon  13. Birthplace Balto. MA.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Emma G. Miller  15. Birthplace Balto. Md.	
S States Balto MA.	Major fiedings of operations.
Place S Paris	- Date of op.
16. Informant 2724C	Actorsy results
Address 7005 Copartrigh Nd.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial Date thereol 5/20/48	
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or exemptory 2222 Mount	Where did injury occur?
Location Balto. Md.	Injured at home, farm, Industry, public place (where?)
Million Carlo Suc	Means of injury Injured at work?
18. Funeral director	200
Address 1 /2/7 St. Paul St.	23. SIGNATURE B JJ. 6 WYON, M. D.
5/19 X8 How Hedrice	M. D. or other
19	72014 WHS (2) 1-19-4

Will Court Jac.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  State
4. Sex  5. Color or race  6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  2D. DATE DF DEATH 5 //6 // 8 19 19 21 // 5
6.(b) Name of husband or wife  Laurence  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  January (6-19/8)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
8. AGE: Years Months Days It less than one day  9. Birthplace (Town, sounty, and state)  10. Usual occupation.  11. Industry or business Lenn L. Martini Co.	Bue to.  Due to.  Deter conditions
t3. Birthplace  14. Maiden name  15. Birthplace  16. Informant  20. Ce  20. Ce  16. Informant  20. Ce  20. Ce	(Include pregnancy within 3 months of death)  Major findiags of operations
Address G. F. Cearly States  11.   Newbord   Date thereot   S-18-48   (Burial, cremation, or removal. Which?)   (month) (day) (year)  Cemetery or crematory   Deles Port   Location   Deles Port    18. Funeral director   Deles Port    Address   Y   Eastery   Are	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occupy (City or town) (County) (State)  Injured at home farm, industry, public piace, (where?)  Means at Injury Many from from the following:  Accident, suicide, or homicide.  (City or town) (County) (State)  Means at Injury Many from the following:  Accident, suicide, or homicide.  23. Signature.



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

eg Dist No

1. PLACE OF DEATH: R 112	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md. Couply (3a) to
City or town (If outside city or town limits, write RURAL and give nearest town)	<b>a</b>
How long in above place of death?	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Made AVe
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
O eorge R.	Inater
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  [ April 19 4 7 to 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
7. Birth date of A	and that f last saw him alive on 6 ham 4 f. 19
deceased (mo., day, yr.) AUG 30 870	Immediate cause of death Corones Occlusion DURATION
8. AGE: Years Months Days If less than one day	6 hre
77 75 8 18hrsmln.	
9. Birthplace (Town, county, and state)	Due to. I
1D. Usual occupation	Due to
11. Industry or business COUNTY POLICE, DEPT	
12. Name 12.	Other conditions Alexander Durante affine 20 yr
	(Include pregnancy within 3 months of death)
14. Maiden name Serina F.	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant V. I. 19 m. C. 6. / M. G. T. C.	Autopsy results
Address / Mad 2/1/2 Ake	22. VIOLENCE: If death was due to external causes, fill in the following:
17. BURIAL (Burial, cremation, or removal, Which?)  Date thereof. MAY 9 (948)  (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory HOLY CROSS BROOKLYN	Where did Injury occur?
Location RICHIE HIGHWAY	Injured at home, farm, industry, public place (where?)
18. Funeral director DIPPEL BROTHERS	Means of Injury Injured at work?
Address 7110 BFLAIR RA	Edward S.J. has In Q
5-8 48 15 Williams	23. SIGNATURE D. or other
(Date rec'd by registrar) Registrar	Address 7329 Harford 101 Date signed 7 May X.F.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

04790

Reg. Dist. No.....32...

1. PLACE OF DEATH:  County. Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryland county Howard Co.	
City or town	City or towe. Jessups, Maryland (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Branch, Md.T.B.Sanatorium	Street No	
How long in hospital or institution?2	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Albert A. Thurston	705-03-6183	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male   White   Single	20. DATE OF DEATH. May 17, 1948 3:45 Am	
8.(4) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Sirth date of	March 27, 1946, 10 May 17, 1948	
7. Sirth date of deceased (mo., day, yr.) March 22, 1887	and that I last saw h. Im. alive on May 17, 19.48	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Duration Pulmonary Tuberculosis 3½	
61 1 25hrsmin.		
9. Birthplace Virginia (Town, county, and state)	Ouo to Tubercle Bacilli yrs.	
(Town, county, and atate)	VV 1	
10. Ilsust occupationBoiler Maker's Helper	Due to.	
11. Industry or business		
12. Name Thomas Thurston 13. Birthplace Virginia	Other conditions Tuberculous Laryngitis 6 mos.	
≤ 13. Birthpiace Virginia	(Include pregnancy within 3 months of death)	
14. Malden name Susian Garrison	Major findings of operations	
15. Birthplace Virginia	Major Budags et operations.	
16. Interment Albert A. Thurston	Autopsy results No autopsy.	
Address Jessups, Howard Co., Md.	PHYSICIAN: Please underline the cause to which death abould be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Burial (Burial, cremation, or removal, Which?)  Oale thereof 5/19/48 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Meadow Ridge Mem. Pk.	Where did injury occur?	
Location Near Dorsey, Howard Co., Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral directorJohn J. Cowan & Son	Means of Injury Injured at work?	
Address 901 Hollins St., Balto., Md.	23 SIGNATURE Stewart & Shaffer mo	
19. 5/17/48 (Oute rec'd by registrar) (Date rec'd by registrar)	Mt. Wilson, Md. 5/17//8	

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# UNFADING INK. Supply every item of information caréfully. The causes of death clearly and legib WRITE PLAII

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore CERTIFICATE OF DEATH 93 &

	ltimore			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m		
City or town (If outside city or town limits, write RURAL and give nearest town)		State Maryland County				
How long in above place	of death? 1 yes	ar, 28	days	City or town. Baltimore (If outside city or town limits,	write RURAL and give nea	rest town)
Hospital, institution, or	street address where	e death occurre	d:	Street No. 328 South High	land Avenue	
Spring (	Frove Stat	teHosp	ital	(If rural, give L		
		l year,	28 days	2.(a) If veteran, name war	***************************************	1/
3. (a) FULL NAME					3. (b) Social Security 1	Number
Maude	M. Tippe					
4. Sex	5. Color or race	8.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	Si	ngle	20. DATE OF DEATH May 13	1,48	at 8:30 a
6.(b) Name of husband	or wife	************		21. I CERTIFY that death occurred on the date above		
		e /	c) tf alive, give ageyears	April 15 194	47 to May 13 19 48	
7. Birth date of				and that I last saw h.Q.Z alive on	y13	19.48
deceased (mo., day, y		7, 187		Immediate cause of death	***************************************	DURATION
8. AGE: Years	Months	Days	If less than one day	Left broncho pneum	onia	5 days
78	2	6	hrsmin.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9. Birthplace He	rrisburg	Penns	y Ivania	disease		*******************
1D. Usual occupation	Exchang	e oler	k	Due to		200000000000000000000000000000000000000
11. Industry or business	Store					
		ett		Other conditions		******************************
	London					***************************************
				(Include pregnancy within 3 mo	onths of death)	
14. Maiden name				Major findings of operations		
₹ 15. Birthplace	Wales				Date of op	
16 Informant Ho	spital re	gords		Actorsy results none		
	tonsville			PHYStCIAN: Please underline the cause to which	ch death should be charged a	statisticalty
Address CE			Su. 17/4	22. VIOLENCE: If death was due to external cause		
	×	1 // -	(month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or cremator	y	ren	rod Cem	Where did injury occur?	(County)	(State)
Location		OCM	al_	tnjured at home, farm, industry, public place (whe	re?)	
18 Europal director 4	ellrich	Fun	sal House	Means of injury	Injured at work?	1/2
				Dulin	front 1 ps.	~
Address 20	or Car	lean	01	23. SIGHATURE Isadore Tuerk,	M.D.	
5/17	1043		He Wedne			
19. (Date rec'd by reg	ristrar)		Begistrar	Address Catonsville 28, N	Date signed	/13/48

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlen St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County Baltimere  City or town Fort Heward  (If outside city or town limits, write RURAL and give nearest town)  38 Days  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County  City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Nospital, institution, or street address where death occurred:  Vets. Adm. Hespital, Ft. Heward, Maryland  Now long in hospital or institution? 38 Days	Street No. 1561 Leslie Avenue (If rural, give LOCATION)  WW-I  2.(a) If veteran, name war
3. (a) FULL NAME  GOLDIE TOYER	3. (b) Social Security Number Unknown
4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced   Widower	MEDICAL CERTIFICATION  20. DATE OF GEATH. May 27, 19.48 ,10:45 p
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  April 19. 148 to May 27. 48
8. AGE: Years Months Days If less than one day 51 9 13	Squameus cell carcinema of esephagus 3 Mes plus.
9. Birthplace St. Mary's County, Md.  (Town, county, and state)  10. Usual occupation Unempleyed  11. Industry or business    12. Name William Toyer	Due to  Due to  Other conditions Pathologic fracture of rt. 2 days femur
13. Birthplace  14. Maiden name. Lucy Chase  15. Birthplace  16. Informant. Clinical Records, Vets. Adm. Hosp.  Fort Howard, Maryland  Address	(Include pregnancy within 3 months of death)  Major findings of operations Brenchoscopy, esophagoscopy and biopsy  Antopsy results. No autopsy  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial  (Burial, cremation, or removal, Which?)  Baltimore National Cometery  Cemetery or crematory  Baltimore, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director	23. SIGNATURE B. DUKES, M. D. M. D. or other

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH:  Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Sount)	State Md. County Balto.
Cliy or fown	wn) Chase
How long in above place of death? 1 yr.	City or town
Hospital, Institution, or street address where death occurred:	Sireet No. Eastern Ave. Extended
Eastern Ave. Extended	(If rurai, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ARVID VINCENT	**
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorce	MEDICAL CERTIFICATION
male white widowed	20. DATE DE DEATH May 14th, 1948 31 1 P.M. M.
6.(b) Name of husband or wife Kathleen Ives Vincent	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(0) Rame of nusbane of wife	years and that I last saw him alive on May 14th 19.48
7. Birth date of County 2004 2007	and that I last saw being alive on May 14th 1848
deceased (mo., day, yr.) Sept. 29th, 1877	Immediate cause of death
8. AGE: Years Months Days If less than one day	
	min. Okcurona 9 Slowach 4 yrs.
S. Birthplace Sweden (Town, county, and state)	Due 1a
(Town, county, and state)	
1D. Usual occupation	Due to
11. industry or business Retired	946 (4)
置 12. Name Unknown	Dither conditions.
13. Birthplace Unknown	
al 13. Birthplace Statiowity	(Include pregnancy within 3 months of death)
置 14. Maiden name. Unknown	Major findings of operations
14. Malden name	Date of op.
18 Informant Mr. Arvid Ives Vincent	
Address Eastern Ave. Extended, Chase, Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: If death was due to external causes, 1111 in the following;
Burial . Date thereol Way 17, 19 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Parkwood	Where did injury occur?
	(City or town) (County) (State)
Location Balto, Md.	Means of Injury Injury Injured at work?
18. Funeral director A a salar Transactal Han	nitatio VI III,iii)
Address 7401 Belair Road	James 4118. 12 M. 10
	23. SIGNATURE. M. D. or other
19. 7/1 15 19 48 John H. Corme	Registrar Address And Address Date signed 1/13/48
(Date rec d by registrar)	V retuine H, Mid

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CEDTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infapts give regidence of mother)
County Ballinge	state Maryland County Baltimore
City or town	1 01 10
How long in above place of death? 4 yr. 9 mo. 19 da	City or town
Hospital, institution, or street address where death occurred:	
Baltimore County Homes	Street No
How long to hospital or institution? 4 m 9 ma 19 da	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sleve Wagner	
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
male white	20. DATE OF DEATH. May 5 19 48 21 9 P
6.(b) Hame of husband or wife magnet Richey Wagne	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19.43 to
7. Birth date ot 0 0	and that I led saw h alive on
deceased (mo., day, yr.) July 11, 188/	Immediate cause of death DURATION
8. AGE: Years   Months   Days   It less than one day	The second control of
60 9 25min	Careman 2 ma
	Aits please of the
9. Birthplace Barton, Maryland	Due to
(Town, county, and otary)	
10. Usual occupation.	Due to
11. Industry or business	BUC (V.
12. Name John Wagner  13. Birthplace Marykand	- Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mayer Magnuder  15. Birthpiace Maryland	
And Add	Major findings of operations.
	Date of op.
18. Informant Baltimare Country Home Register	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Lefas maryland.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof. (mony!) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Oak Hell Cenn	Where did injury occur?
Can a company	talured at home, farm, industry, public place (where?)
Location Consciously	Meens of Injury Injured at work?
18. Funeral director M. Euchhow 9 Sons	Having v. (n/all)
Address Jonas Daniel M. A.	Olil to to the to
as machine	23. SIGNATURE M. D. or other
10 May 6 18 48 Wm & Chilcons	Coclasses will had a-14/40
(Date red by registrar)	Address Cochysole Md. Date signed 376/48



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County.  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME Verry Warnielc.	3. (b) Social Security Number
4. Sex   5. Color for race   6.(a) Single, married, widowed, or divorced    6.(b) Name of husband or wife   Coakley    6.(c) If alive, give age   years	MEDICAL CERTIFICATION  2D. DATE DF DEATH May 3 19.48 at 90.4  21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19
7. Birth date of deceased (mo., day, yr.) Lept. 23 - 1902	and that I last saw halive on
8. AGE: Years Months Days if less than one day 45 8 hrs. min.  9. Birthplace	Due to
11. Industry or business Theen Manufestigung Co,  12. Name Bonsi Wartnick  13. Birthplace	Other conditions
14. Maiden name Clarisa J. Beaver  15. Birthplace Ind.	(Include pregnancy within 8 months of death)  Major fiedings of operations
Address Cumberland Ind.	Actorsy results
(Burial, cremation, or removal. Which?)  Cemetery or crematory  Date thereof.  May - 4-/948  (mogth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homotique
Location Hintory Virginia	Injured at home, farm, Industry, public place (where?)
18. Funeral director John G. Connely	Means of Injury Injured at work?
Address 418 Eastern Cr E.  19. Phay 4 th 19 48 John G. Connelly (Date-rel'd by registrar)  Registrar	23. SIGNATURE DATE THE THE PROPERTY Date signed 5/3/4.9.



MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

2. USUAL RESIDENCE (HOME) OF DECEASED:

04806

# CERTIFICATE OF DEATH

Reg. Dist. No.

County	State County City or town (if outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeteran, name war
3. (a) FULL NAME James Statson	3. (b) Social Security Number
Male Colons Widowed, or divorced  Wildowed.	MEDICAL CERTIFICATION  20. DATE OF DEATH MAY 15, 1948 at 1 25 M
6.(b) Hame of husband or wife disple makes and some state of the sound	21. I CERTIFY that death occurred on the date above stated; that I atlanted deceased from  1948 to May 15 1948  and that I last saw h 22 alive on May 15 1948
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death Cottonery Thrombonas DURATION
9. Birthplace appromatory County Was.	Due to
1D. Usual occupation. Union plot of a large state of the	Due to
12. Name Suca Watson  13. Birthplace Va	Other conditions Broadhal Areumonia  (Include pregnancy within 3 months of death)
14. Maiden name Matthe 'Songle  15. Birthplaco Ya.	Major findings of operations
16. Informant Julian Walsan	Autopsy results
Address  17. Burial (Burial, cremation, or removal, Which?)  Bate thereof. May 18/48 (month) (day) (year)	22. VIOLENCE: If dealh was due to externat causes, till in the following;  Accident, suicide, or homicide
Cometery or crematory. But Que any Cent	Where did injury occur?
18. Funerat director Mas Dorfto G. Cleret & Daugh	Means of injury Injured et work?
19. 5 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	23. SIGNATURE M. D. or other  Address 140 Oak Day Date signed 5-15-48
(Date red d by registrar) Registrar	Address 70 Date signed 22

correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No. .....

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Daltimore
City or town	City or town #############Baltimore City
How long in above place of death? II//40 to 5/28/48	(If outside city or town limits, write KUKAL and give near st town)
Rosewood State Training School.	Street No. 1772 Homestead Street
13 /0 /46 +0 5 /30 /49	(If rural, give LOCATION)
How long in hospital or institution? 11/8/46 to 5/28/48	2.(a) If veteran, name war
3.(a) FULL NAME Paul Smith Wernig.	3. (b) Social Security Number None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	
	2D. DATE OF DEATH
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Nov. 7 19.46 10 May 28 19.48
7. Birth date of deceased (mo., day, yr.) October 18. 1938	and that I last saw h im alive on May 28 19.48
deceased (mo., day, yr.) OCTODET 18, 1938  8. AGE: Years   Months   Days   these than one day	Immediate cause of death
0. 700.	Status Epilepticus 10 min.
9 7 10hrsmin.	
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to Post encephalitis with
(Town. county, and state) Inmate - Rosewood	symptomatic epilepsy, Infancy
10. Usual occupation	Due to Grand - Mal type
11. Industry or business	<u> </u>
William Charles Wernig 12. Name William Charles Wernig 3. Birthplace Baltimore, Md.	Other conditions Childhood T.B. arrested 2 yrs
	(Include pregnancy within 3 months of death)
[max]	Major findings of operations.
	Date of op
16. Informant Institutional records.	Autopsy results
Address Rosewood, Owings Mills, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof June 1, 1948  (Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Holy Redeemer	Where did injury occur?
Location Belair Rd.Balto:Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Les of Ruth Las. Gom	Means of Injury Injured at work?
12 2 11 21 11	11012+1
Address 1/35 Hayara and	23. SIGNATURE AT A Du Cles
19. (Clate rect) by registrar 19. X & X & X & Registrar	Had. Butler, M. D. or other
(Date rec'll by registrar) Registrar	Address Owings Mills Date signed 5/28/48

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

117a

048118

# CERTIFICATE OF DEATH

T Dist No 3/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Belliefal	(For newborn infants give residence of mother)	
Take and Allillar	State Thany formal com Carrall	
(If outside city or town limits, write RURAL and give nearest town)	1/1/2	
How long in above place of death?	(If outside city or town limits, write RURAL and give ne	arest town)
Hospital, Institution, or street address where death occurred:		
	Street Wo. (If rural, give LOCATION)	******
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
James E. While	817-01-	1333
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male It Married	20, DATE DF DEATH 9/104 18 1948	at LP M
annie & Meite	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from
6,(b) Name of bushand or wife	4-16 -143 19 10 12-6	
6.(c) tf alive, give ageyears	10 1-117	44
7. Birth date of deceased (mo., day, yr.) Paramary 16 1887	and that I last saw h. Add alive on	19
	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	anging Pectors	6 ms.
6/ 4/ 2hrsmin.		
Marie Carel.		
9. Birthplace	Due to	
Albartila Washes		***************************************
10. Usual occupation.	Due 10	*
11, industry or business		
	Ela Gratini Mers	2000
12. Name Al House	Dither conditions	30
13. Birthplace Manufaud	araria	Jue
E Reprote	(Include pregnancy within 3 months of death)	V
14. Maiden name 12. 14. Maiden name	Major findings of operations	
15. Birthplace Manufand	Date of op.	
alla Banie & Marte		
16. informant	Autopsy results	
Address superville Ma.	PHISICIAN: Please abderime the cause to which death should be charged	statisticady.
	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. But Ale Date thereof May (month) (day) (year)	Accident, suicide, or homicide	***************************************
(Burial, cremation, or removal, Which?)  Date thereof		
Cemetery or crematory. Jak Land,	Where did injury occur? (City or town) (County)	(State)
Location Parland Mills	Injured at home, farm, Industry, public place (where?)	
of the Wheen	Msens of injury Injured at work?	
18. Funeral director		
Address Supervelle IIId.	23. SIGNATURE Dr. D. D. Caples	ned Esa.
TION S TOM +	M. D.	or other
(Date rec'd by registrar)	Resisteratores my	5-19-48.
(Date fee it by registrar)	Address Date signed.	

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JUN 7 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

MARGIN RESERVED FOR BINDING

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048113

# CERTIFICATE OF DEATH

35-

, CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County Datt more	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Nary and County and I more.  City or town I to outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME GEONGE Henry Wilh	3. (b) Social Security Number 2-006-059.
Male White Married.	MEDICAL CERTIFICATION  20. DATE OF DEATH MAY 28, 10,30A
6.(b) Name of husband or wife X 3 + C Wi he m.  6.(c) If alive, give age 8.5 years	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) September 12, 1872.  8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
75 8 16min.	Due to.
9. Birthplace TEC Town, county, and atate)  10. Usual occupation Retire	Due to.
11. Industry or business Engineer.  12. Name Daniel Kirk Wilhelm.  13. Birthplace Balto. Co., Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Eliza Kirk.  15. Birthplace Balto Co. Md.	Major findings of operations
16. Informant / Ta. Sale Wilhelms	Autopsy results
Address  17. B. W. Y. J. A. Bate thereof Q. W. M. C. J. 1948 (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  Cemetery or crematory M T Z J OM C C MALL	Where did Injury occur? (City or town) (County) (State)
Location Free / Jud, Balton Can, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Jr. Soco C. Harleysleing.	Meens of Injury Injured at work?
Address Tew Fireldong a	23. SIGNATURE M. D. OFFORDER
(Dat Oc'd by registrar) Registrar	Address Date signed 120 15

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BUREAU V. S.

	200	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PARTMENT OF HEALTH  See St., Baltimore  (183)  TE OF DEATH  Reg. Diat. No. 37
	ion carefully. The corclearly and legibly.	County.  City or town.  (If outside city or town limits, write RORAL and give nearest town)  How long in above place of death?  Hospilal, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in sints give residence of mother)  Stale  County  City or town.  City or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
	ion	How long in hospital or institution?	2.(a) It veteran, name war
1	informatic of death	Jewis Wilhord W	1 Social Security Number 217-07-801
r be	inf	4. Sex 5. Color or race 6.(a)Single married, widowed, or divorced	MEDICAL CERTIFICATION
BINDING	tem of i	M W marked	20, DATE OF DEATH Clay 20 F8 at 200
ND	item e caus	8.(b) Name of husband or wife Leona Maysor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Supply every in ease write the	6.(c) If affive, give age 3 7 years	19, to
FOR	eve	7. Birth date of 1913	and that f last saw halive on
	oly wr	8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
ED	upp	3.5 9 16min.	- Lineway
RESERVED	급	9. Birthplace Balto Co. M.d. (Toyn, county, and fate)	Due to.
RE	G INK cians:	10. Usual occupation carpenter	
	7.5		Duo to
MARGIN	K Pu	11. Industry or busingss  12. Name Usunt Welholine	Other conditions
Z	VITH UN	13. Birthplace	(Include pregnancy within 3 months of death)
	TH	14. Malden name Grace Harry  15. Birthplace Balto. Co. Mod.	Major findings of operations
1	WIT	15. Birthplace Balso, Co. Mai	Date ot op
	Y, 113,	16. Informant Mrs. Lewof M. Willelie	Actopsy results.
	N. Scia	Address Sparks, Ma.	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
	CAINLY, especially	17 Burial Date thereof 5-73-48	22. Violence: If death was due to external causes, fill in the following:
-	PL.	(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
10	TE	Cemetory or cramatory	(City or town)
9.4	VRI	Location Sparby Ma.	Injured at home, farm, Industry, public place (where?)
	110	de ella ella ella ella ella ella ella el	Masns of Injury Injured at work?

PLEASE

(Date rec'd by registrar)

Wilmer C. Ensor Registrar M. D. or other

23. SIGNATURE

DURATION



2411 N. Charles St., Baltimore

# CEPTIFICATE OF DEATH

04811

35

CERTIFICAT	E OF DEATH Reg. Diat. No.		
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State May and County Baltimore.		
How long in above place of death?	City or town		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Marian Patricia	Wilson. 3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a) Singlé, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single.	20. DATE OF DEATH May 30, 19 48 23:55A		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from		
7. Birth date of deceased (mo., day, yr.) May 27, 1948	and that I last saw h. R.A. alive on May 27 19 % I		
8. AGE: Years   Months   Days   If less than one day   3	" Rematurely?		
9. Birthplace Free Jan d. Md. P.D (Town, eounty, and state)	Due fo		
1D. Usual occupation	Due fo		
12. Name Ja Franklin Wilson.	Dither conditions		
13. Birthplace  14. Maiden name Blanche Esther Belling  15. Birthplace  Parkten Md.	(Include pregnancy within 3 months of death)  Major findings of operations		
15. Birthplace Parkton, Md.	Date of op.		
16. Informant Franklint Light Con	Antopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.		
Address  17. Buy Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	22, VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
(Burial, cremation, or remoyal, Which?)  Cemetery or crematory 120 Grove 4. B. Cem. 1.	Where did injury occur?		
Location Bykton Md. R.D.	Injured at home, farm, industry, public place (where?)		
18. Funeral director data de Marifemallian	Means of injury Injured at work?		
Address Adw - Freedom, Ja.	23. SIGNATURE. M. D. or other		
(Date red by registrar)  (Date red by registrar)  (Date red by registrar)	Address a laton me Date signed 0/30/43		

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PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly an

PLEASE WRITE

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BUREAU V. S

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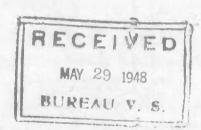
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IVI PAIN II	. 24 14 17	17 8 24 1 1 4	TABLE PART BUTTOUR	U.A.V.	TRILLIPATE A H

93d

are shown on:	2411 N. Charles St., Ball
age shown on:	CEDTIFICATE OF

04812

Evidence for change of 2411 N. Charle	ea St., Baltimore 93 d		
HUM No. G 116 JUN -7 1948 CERTIFICAT	E OF DEATH Reg. Diat. No. 4/0		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Baltimail	(For newborn infants give residence of mother)  State  Rounty Baltanoul		
City or townQ. Lattaide city or town limits, write RURAL and give nearest town)	autila y palling		
How long in above place of death? I That	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
How long in hospitat or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war		
3.(a) FULL NAME	3. (b) Social Security Number		
Howard mitchel Woodraw	J. (0) Social Security Number		
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white widowed	20. DATE DE DEATH MAY 25 19. 48, at 57/0		
8,(b) Name of husband or wife. Lillie. Mal Woodraw.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of decessed (mo., day, yr.) 2 ct. 4 /884	and that I last saw halive on May 24		
8. AGE: Years   Months   Days   If less than one day	Immediais caose of death Duration		
63 6# 7 2/nrs. min.	- Sugarore James James 1903		
0.00 1	This or tower bardes		
8. 6irthplace (Town, county, and state)	Daskulas Disease 6MDS		
10. Usual occupation. tarming	Que to.		
11. Industry or business			
12. Name tames Wasdow  13. Birthplace Civil County, Md.	Dther conditions.		
m Man Land	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
15. Birthplace Cial County	Date of op.		
16. Informant Lula Mal Dagan	Autopsy resolts		
Address Baldwin mel.	22, VIOLENCE: It death was due to external causes, fill in the following;		
17. Burnal, cremation, or removal, Which?)  Bate thereof Day 34. (Year)  (Burnal, cremation, or removal, Which?)	Accident, suicide, or homicide		
Wahier off	Where did below exceed?		
Cemetery or exemplory	(City or town) (County) (State)		
Location C +	Means of injury Injury Injury Injury		
18. Funeral director	Para notal		
Address fraing Lun Mile	months ford t. I tudsou MD		
May w 18 G. E. autur	Lask med M. D. or other, of		
(Date rec'd by registrar)	Address Date signed 3/45/4		



VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH



1. PLACE OF DEATH; County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town STEVENSAN	State MARULAND County BALTIMONE			
City or town STEVENSON (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 3 4 40.				
How long in above place of death?				
	Street No. ### State No. A. (If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war.			
3. (a) FULL NAME	3. (b) Social Security Number			
MARY ELLIS 3ENT	3-			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
+ W MARRIED	20. DATE DE DEATH. MAC 14 19 45 21 1/5-2 M			
8.(6) Name of husband or wife WILLIAM FREEFICK 3ENT3	2f. I CERTIFY that death occurred on the dete above stated; that I ettended deceased from			
7. Birth date of 7. years	17 January 19.48, to 14 may 18.48			
7. Birth date of deceased (mo., day, yr.) FEB 5-1903	and that I last saw here alive on 14 mag			
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death			
45 3 9nrsmin.	Parinomatosis			
B. Birthplace Howard Co. Md.				
B. Birihplace	Due to.			
10. Usual occupation HOUSEWIXE	Paris			
ff. Industry or business	Due to. 10 25149			
12. Name John DAU  13. Birthplace HOWARD CO. NO.	Dither conditions			
\$ 13. Birthplace Howard Co. Md				
14. Maiden name SALLIE REESE	(Include pregnancy within 8 months of death)			
14. Maiden name SALLIE RESE  S 15. Birthplace HOWARD CO. MG	Major findings of operations.			
WA 7 7 TING				
111111111111111111111111111111111111111	Autopsy results			
Address HILLSIDE. R.J. SEEVENSON. MA	22. VIOLENCE: If death was due to external causes, fill in the following;			
Bate thereof. MAY 17, 1948  (Burial, cremetion, or removal, Whiteb?)	Accident, suicide, or homicide			
Cemetery or crematory Druid RidgE	Where did injury occur?			
Location PIKESUILLE 1 SIG	(City or town) (County) (State)			
T- 0.11 R 00	Means of Injury Injured at work?			
1B. Funeral director				
Address chesulte , mai	23. SIGNATURE Charles H. Williams Vr. D.			
19. 5 - 17 - 19. 48 Do & Michael	23. SIGNATURE M. D. or other  M. D. or other  M. D. or other			



MAY 18 1948

BUREAU V. S.

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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

CERTIFICA	Reg. Diat. Nove.	
I. PLACE OF DEATH:  County  City or town  (If outside city or town limits, Fite RURAL NEAR and give town)  Street address, hospital, or institution:  Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infances give residence of mother)  State  County  City or town (If outside city or town limital write RURAL NEAR and give to)  Streel No.  (If rural give LOCATION)  2(a) If VETERAN, NAME WAR	No
3. (a) FULL NAME Elizabeth Q. Be 4. Sex   5. Color outside   6. (a) Single, married, widowed, or divorced	3. (b) Social Security Nu	mber
4 h Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH May 11 1948	- 15-6W
6 (b) Name of husband or wife Jacob C. Boone  6 (c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I sttended decease	1948
7. Birth date of deceased (mo., day, yr.) Oct, 8, 1853  8. AGE: Years   Months   Days   If less than one day	and that I last saw here alive on	DURATION 2 & A C
9. Birthplace Maryland yown, county, and state)	Due 10 Chronic Myocarditis	2 year.
10. Usual occupation	Due fo	
12. Name John Boenzli  13. Birthpiaco Switzerland	Other conditions	
14. Maiden name Marg E. Eckert	(Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN Please underline
16. Informani - George J. Booke		the cause to which death should be charged statisti- cally.
Address 5 ( Delenteur Md, Stonelugh  17. Burial (Burial, cremation, or removal, Which?)  Date thereof 5-14-48  (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Cemetery or crematory Hoodlawn	Where did injury occur?	(State)
18. Funeral director John A. Moran	Means of Injury Injured at work?	
Address 300/0 E. Balt. It	23. SIGNATURE M.D. os.	other
19. (Date rec'd by registrar)  Registrar	Address 6014 york Road Date signed 5	1-11-48.